

Case Number:	CM15-0163415		
Date Assigned:	08/31/2015	Date of Injury:	11/08/2012
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male, who sustained an industrial injury on 11-08-2012. He has reported injury to the right elbow and low back. The diagnoses have included lumbago with bilateral leg intermittent numbness L5-S1 distribution, status post L4-L5 fusion, on 08-29-2013; lumbar radiculopathy; and right medial epicondylitis. Treatment to date has included medications, diagnostics, elbow sleeve, lumbosacral support, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Naproxen, and Prilosec. A progress report from the treating physician, dated 07-13-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of lower back pain; he currently rated the lower back pain as a 6 out of 10 in intensity; the pain level increases with bending, prolonged sitting, and prolonged standing, to 8 out of 10 in intensity; he reports numbness and tingling in both legs and feet; right elbow pain; he currently rates the elbow pain as a 6 to 7 out of 10 in intensity; and he has some difficulty performing his activities of daily living. Objective findings included muscle spasms are palpable next to the lumbar spinous processes with the injured worker relaxed lying prone; ranges of motion with flexion to 45 degrees, extension to neutral, and lateral flexion 10 degrees bilaterally; motor strength was noted at 4+ out of 5 at the left tibialis anterior, and 4 out of 5 at the left extensor hallucis longus; and he has diminished sensation to light touch and pinprick over the left lateral calf. The treatment plan has included the request for MRI of the lumbar spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Lumbar Spine with and without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had persistent symptoms of pain and neurological findings after prior fusion. The test was requested by the orthopedic surgeon. Based on abnormal findings, a decision of surgery can be made. As a result, the request for the lumbar MRI is appropriate.