

Case Number:	CM15-0181300		
Date Assigned:	09/22/2015	Date of Injury:	08/04/2010
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 47 year old male, who sustained an industrial injury on 8-4-10. The documentation on 8-25-15 noted that the injured worker has complaints of back pain with increase of numbness in the feet. The injured worker rates the pain as 6 out of 10 on a visual analog scale without medications and 4 out of 10 with medications. The lumbar spine examination noted that the sensation is intact but diminished in the bilateral L5 and S1 dermatome and the sciatic notch is tender to palpation on the right side. There is tenderness and muscle spasm noted over the paraspinals and increased pain with extension. Lumbar spine magnetic resonance imaging (MRI) on 8-20-10 showed facet hypertrophy and foraminal stenosis at L4-5 and L5-S1. The diagnoses have included low back pain; neck pain; tendonitis of shoulder; carpal tunnel syndrome on both sides; degenerative disc disease lumbar; degenerative disc disease cervical and chronic pain syndrome. Treatment to date has included lumbar injections many years ago were helpful; cymbalta for chronic pain and depression; hydroxyzine; atarax and transcutaneous electrical nerve stimulation unit. The original utilization review (9-3-15) non-certified the request for magnetic resonance imaging (MRI) of the lumbar spine.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ MRIs (magnetic resonance imaging).

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. According to ODG, repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the last lumbar imaging was performed in 2010. The injured worker has presented with complaints of increased numbness in the feet and examination has revealed decreased sensation is the L5-S1 dermatomes. At this juncture, the request for updated imaging is supported to aid in further treatment planning. The request for MRI of the lumbar spine is medically necessary and appropriate.