

Case Number:	CM15-0185100		
Date Assigned:	09/25/2015	Date of Injury:	02/21/2015
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 02-21-2015. Current diagnoses include lumbar spine discogenic spondylosis, joint arthrosis, and status post bilateral IH. Report dated 08-10-2015 noted that the injured worker presented with complaints that included lumbar spine pain with numbness and tingling to the right lower extremity. Pain level was 0-3 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-10-2015 revealed tenderness in the lumbar spine and decreased range of motion. Previous diagnostic studies included x-rays of the lumbar spine. Previous treatments included medications and physical therapy. The treatment plan included requests for lumbar MRI, medications, physical therapy, urinalysis was performed, functional improvement measurement (baseline), and follow up in 4 weeks. Of note this report was hard to decipher. The utilization review dated 09-02-2015, non-certified the request for a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

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 under MRIs (magnetic resonance imaging).

Decision rationale: The 53 year old patient complains of pain in the lumbar spine, rated at 3/10, radiating to the left lower extremity along with bilateral inguinal hernia, as per progress report dated 08/10/15. The request is for MRI LUMBAR SPINE. The RFA for this case is dated 08/10/15, and the patient's date of injury is 02/21/15. Diagnoses, as per progress report dated 08/10/15, included lumbar discogenic spondylosis and improved inguinal hernia pain. The patient is status post bilateral inguinal hernia repair. Medications included Naproxen and topical compounded creams. Diagnoses, as per progress report dated 06/10/15, included headaches, cervical sprain/strain, r/o cervical radiculopathy, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, r/o bilateral carpal tunnel syndrome, mid pack pain, thoracic sprain/strain, low back pain, low back sprain/strain, r/o lumbar radiculopathy, and bilateral knee sprain/strain. The patient is on modified duty, as per progress report dated 08/10/15. MTUS/ACOEM Guidelines, Low Back Complaints, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, a request for MRI of the lumbar spine is noted in progress report dated 08/10/15. The reports do not document prior MRI of the lower back. X-ray of the lumbar spine, dated 06/12/15, revealed six true non-rib bearing lumbar vertebrae; discogenic spondylosis at L4-5, L5-6, and L6-S1; grade I anterolisthesis at L5-6; and joint arthrosis at L5-6 and L6-S1. Physical examination of the lumbar spine, as per progress report dated 08/10/15, revealed tenderness to palpation in the paraspinal musculature along with restricted range of motion and positive multifidus lift test. The straight leg raise is negative, as per the 08/10/15, but it is positive bilaterally, as per the 06/10/15, report. This report also documents decreased sensation along L4, L5 and S1 dermatomes as well. Given the chronic pain and neurological deficit, the request for an MRI appears reasonable and IS medically necessary.