Case Number:	CM15-0186976		
Date Assigned:	09/28/2015	Date of Injury:	03/26/2012
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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: Emergency Medicine

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 3-26-12. A review of the medical records indicates he is undergoing treatment for left epididymal cyst with adhesions, status post left hydrocelectomy and lysis of adhesions, mild acute L5 radiculopathy on the left, musculoligamentous sprain and strain of the lumbar spine, L4-L5 2-3 millimeter disc bulge with mild ligamentum flavum and facet hypertrophy, causing mild bilateral neural foraminal narrowing bilaterally with no significant central spinal canal stenosis, L5-S1 3-4 millimeter retrolisthesis, L5-S1 6-7 millimeter disc herniation with mild ligamentum flavum and facet hypertrophy, causing moderate bilateral foraminal stenosis and mild central stenosis, musculoligamentous sprain and strain of the cervical spine, C3-C4 3-4 millimeter disc herniation with mild neural foraminal narrowing bilaterally and slight central spinal canal stenosis, C4-C5 2-3 millimeter disc protrusion with mild left foraminal stenosis, C5-C7 1-2 millimeter disc protrusion with no central canal or foraminal stenosis, and internal derangement of bilateral knees. Medical records (8-24-15) indicate complaints of intermittent pain in the neck, rating "7-8 out of 10". He describes the pain as "burning and stiff" pain. He reports radiation of pain into both arms and hands with associated numbness and tingling in the index and small fingers of both hands. He also complains of "burning" pain in the upper and mid back. He reports "frequent" pain as "4-5 out of 10" and "intermittent" pain "9-10 out of 10." He reports constant "aching and throbbing" pain in his lower back, rating "frequent" pain "4-5 out of 10" and "intermittent" pain "9-10 out of 10". The pain radiates into bilateral legs and feet and is associated with numbness and tingling in his low back that radiates to his feet. In addition, he

reports intermitted "sharp" pain in both knees, rating "4 out of 10". He reports the pain affects his activities of daily living, in that he has difficulty sleeping and changing position in bed, as well as difficulty with bathing or showering, washing his feet and back, donning clothing, including socks and shoes, cooking, washing dishes, doing laundry, cleaning, and grocery shopping. He also reports difficulty with using the stairs, leisurely walking, and attending social functions. The physical exam reveals tenderness, spasm, and diminished range of motion of the cervical spine and bilateral shoulders. Bilateral knees have tenderness and diminished range of motion bilaterally. The lumbar exam reveals a normal gait, tenderness to palpation of the spinous processes at L5-S1 with "slight" tenderness and spasm in the lumbar paravertebral muscles. Range of motion is diminished with flexion and extension and pain and spasm are noted. The straight leg raise is positive at 50 degrees on the right and 53 degrees on the left. Lasegue's and Patrick's tests are negative. Motor strength is "5 out of 5" in the quadriceps, extensor halluces longus, and plantar flexors bilaterally. Decreased sensation is noted at the S1 dermatome on the left. Diagnostic studies have included an MRI of the cervical spine on 7-26-12, an MRI of the lumbar spine on 9-10-12. A second MRI of the lumbar was completed, but the records indicate that the date of that study is unclear. He has also undergone x-rays of the cervical spine, lumbar spine, and bilateral knees, as well as EMG-NCV studies of bilateral lower extremities. Treatment has included "2-3 months" of physical therapy, acupuncture, and pain medications. The records indicate he is currently working. The requested service is an updated MRI of the lumbar spine. The utilization review (9-2-15) indicates denial of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI lumbar spine , is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has tenderness, spasm, and diminished range of motion of the cervical spine and bilateral shoulders. Bilateral knees have tenderness and diminished range of motion bilaterally. The lumbar exam reveals a normal gait, tenderness to palpation of the spinous processes at L5-S1 with "slight" tenderness and spasm in the lumbar paravertebral muscles. Range of motion is diminished with flexion and extension and pain and spasm are noted. The straight leg raise is positive at 50 degrees on the right and 53 degrees on the left. Lasegue's and Patrick's tests are negative. Motor strength is "5 out of 5" in the quadriceps, extensor halluces longus, and plantar flexors bilaterally. Decreased sensation is noted at the S1 dermatome on the left. Diagnostic studies have included an MRI of the cervical spine on 7-26-12, an MRI of the lumbar spine on 9-10-12. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI lumbar spine is not medically necessary.