

Case Number:	CM15-0189524		
Date Assigned:	10/01/2015	Date of Injury:	03/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania
 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 3-1-13. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; sciatica; post procedural status not elsewhere classified; sciatica. Treatment to date has included status post L4-L5 microdiscectomy (9-15-14); physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker complains of left lumbar, right lumbar, right pelvic, right buttock, and right posterior leg pain. The provider documents "He rates the discomfort right now as a 2 on a scale of 10 with 10 being worst and is noticeable approximately 100% of the time. The discomfort at its worst is rated as a 4 and at its best is a 2." The injured worker reports he has numbness and tingling in the right foot approximately 30% of the time. He reports he experiences dizziness, anxiety and stress as well as insomnia. He feels better with pain medication and rest. His symptoms are worse with walking, standing, bending, lifting, lying and sitting. On physical examination, the provider notes a well-healed post-surgical scar on the lumbar spine. He is a status post L4-L5 microdiscectomy of 9-15-14. He notes palpable tenderness at lumbar, left sacroiliac, right sacroiliac, sacral, left and right buttocks. He notes limited lumbar range of motion. The provider treatment plan included a request for EMG-NCV of the lower extremities due to persistent plantar weakness and a lumbar spine MRI. The PR-2 notes dated 6-23-15 has the similar complaints with the similar intensity. A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 9-16-15 and non-certification was for a MRI of the lumbar spine. A request for authorization has been received for a 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 (Magnetic Resonance Imaging) of the 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 MTUS 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The 9/4/15 progress note states this worker has numbness and tingling in his right foot however no sensory testing was done to document a dermatomal deficit that may indicate radiculopathy. Weakness was found in both plantar flexion and dorsiflexion but no specific weakness in a myotomal distribution was noted to indicate radiculopathy. No other exam findings were noted indicating radiculopathy. An NCV/EMG of the lower extremity was ordered at the same time as the MRI. An MRI is not necessary given the above guidelines and the absence of specific findings of radiculopathy, particularly since an NCV/EMG is ordered to evaluate the neurological symptoms and ankle weakness.