

Case Number:	CM15-0189586		
Date Assigned:	10/01/2015	Date of Injury:	08/01/2011
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
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: Texas, 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:

This injured worker is a 51 year old male who reported an industrial injury on 8-1-2011. His diagnoses, and or impressions, were noted to include: lumbar 4-5 protrusion with bilateral lumbosacral radiculopathy; history of lumbosacral fusion in 2002; and chronic right sacral 1 radiculopathy related to the "2001" low back injury. No current imaging studies were noted. His treatments were noted to include medication management, and rest from work. The progress notes of 8-5-2015 reported: an urgent visit for severe flare-up of symptoms and new symptom of severe pain; severe pain in his right leg, with weakness in a new distribution over the previous 2 weeks, and ending up in the Emergency Room; pain that ran from his back through his buttock, lateral thigh and front of shin to top of foot - different from his chronic complaints which were more in the sacroiliac distribution. The objective findings were noted to include: a quite antalgic gait with use of single-point cane; positive right straight leg raise; decreased right knee flex; breakaway weakness in his right dorsiflexor; and decreased light touch sensation over the right foot dorsum. The physician's requests for treatment were noted to include an magnetic resonance imaging for the lumbar spine due to new radicular symptoms in the lumbar 4-5 distribution, with a new decreased right knee reflex and decreased light touch sensation over the dorsum of his foot, positive straight leg raise, and concern for enlargement of his small disc protrusion compression the lumbar 4-5 nerve root. The patient has had history of reinjured his back in 2011 and MRI of the lumbar spine revealed disc protrusions. The Request for Authorization, dated 8- 20-2015, was noted for magnetic resonance imaging of the lumbar spine for his new right lower extremity weakness and concern for a lumbar 4-5 radiculopathy. The

Utilization Review of 8-28-2015 non-certified the request for magnetic resonance imaging with contrast for the lumbar spine. The medication list includes Norco, Flexeril, Prozac, omeprazole and Propranolol. The patient had used a TENS unit for this injury. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast lumbar spine: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM low back guidelines cited below "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." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." His diagnoses were noted to include: lumbar 4-5 protrusion with bilateral lumbosacral radiculopathy; history of lumbosacral fusion in 2002; and chronic right sacral 1 radiculopathy related to the "2001" low back injury. The progress notes of 8-5-2015 reported: an urgent visit for severe flare-up of symptoms and new symptom of severe pain; severe pain in his right leg, with weakness in a new distribution over the previous 2 weeks, and ending up in the Emergency Room; pain that ran from his back through his buttock, lateral thigh and front of shin to top of foot - different from his chronic complaints which were more in the sacroiliac distribution. The objective findings were noted to include: a quite antalgic gait with use of single-point cane; positive right straight leg raise; decreased right knee flex; breakaway weakness in his right dorsiflexor. The patient has had new radicular symptoms in the lumbar 4-5 distribution, with a new decreased right knee reflex and decreased light touch sensation over the dorsum of his foot, positive straight leg raise. The patient has chronic pain with significant objective findings. There is a possibility of significant neurocompression. The patient has been treated already with conservative management. A MRI of the lumbar spine would be appropriate to evaluate the symptoms further and to rule out any red flag pathology. The request for the MRI with contrast of the lumbar spine is deemed medically appropriate and necessary for this patient.