

Case Number:	CM15-0193356		
Date Assigned:	10/19/2015	Date of Injury:	05/20/1993
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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 63 year old male, who sustained an industrial injury on 05-20-1993. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy and right piriformis syndrome. Treatment and diagnostics to date has included electromyography-nerve conduction velocity studies, decompression of the left sciatic nerve and peroneal nerves on 03-25-2015, spinal cord stimulator placement, and medications. Recent medications have included OxyContin, Oxycodone, and Lyrica. Subjective data (06-30-2015 and 08-25-2015), included right gluteal and back pain. Objective findings (08-25-2015) included sensory loss in the dorsal aspect of both feet and left thigh, slow gait, positive Tinel's sign in the right gluteal area in the distribution of the right sciatic nerve, and severe muscle spasm in the lumbosacral musculature. The request for authorization dated 09-10-2015 requested MRI without contrast of the lumbar spine and x-ray flexion and extension of the lumbar spine. The treating physician noted that the electromyography-nerve conduction velocity studies on 07-20-2015 "was consistent with either a right L5 radiculopathy versus sciatic nerve dysfunction." The Utilization Review with a decision date of 09-24-2015 denied the request for MRI of the lumbar spine without contrast and x-ray of the lumbar spine, flexion and extension views.

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 without contrast: Upheld

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

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

Decision rationale: Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine without contrast is not medically necessary and appropriate.

X-ray of the lumbar spine flexion and extension views: Upheld

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

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

Decision rationale: Per Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific acute change in clinical findings to support this imaging study as reports noted unchanged symptoms of ongoing pain without any progressive neurological deficits for this chronic P&S 1993 injury. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of the lumbar spine flexion and extension views is not medically necessary and appropriate.