

Case Number:	CM15-0204445		
Date Assigned:	10/21/2015	Date of Injury:	06/23/2006
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 44 year old female with a date of injury on 6-23-06. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-18-15 reports continued complaints of pain rated 4 out of 10 with medication and 9-10 out of 10 without medication. She reports the pain is preventing sleep. She states the epidural injection gave her 50 percent relief for 3 weeks. The pain came back completely 1-2 months later. Current medications: percocet, gabapentin, cymbalta, baclofen, and nucynta. Objective findings: seated straight leg raises produces radiating pain into the calves on both sides, sensation is diminished below the knee into the foot, decreased lumbar range of motion due to pain, the pain radiates down the left leg to the foot with flexion and extension. MRI of lumbar spine will be requested to consider lumbar decompression surgery. Treatments include: medication, lumbar translaminal epidural injection (3-25-15) and physical therapy. Request for authorization dated 9-18-15 was made for MRI of the lumbar spine. Utilization review dated 9-25-15 non-certified the request.

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: 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 (ODG) Low back chapter under MRIs.

Decision rationale: The 44 year old patient complains of pain in the lower back, rated at 9/10 without medications and 4/10 with medications, as per progress report dated 09/18/15. The request is for MRI of the lumbar spine. The RFA for this case is dated 09/21/15, and the patient's date of injury is 06/23/06. Diagnoses, as per progress report dated lumbosacral neuritis, thoracic or lumbosacral neuritis or radiculitis, displacement of lumbar intervertebral disc, and subacute opiate withdrawal syndrome. Medications included Percocet, Gabapentin, Cymbalta, Baclofen and Nucynta. The reports do not document the patient's work status. 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, several reports are handwritten and difficult to decipher. The progress reports do not document prior MRI of the lumbar spine. The patient complains of low back pain, and physical examination, as per progress report dated 09/18/15, revealed reduced range of motion. Straight leg raise is positive and the patient also has diminished sensation along L5 and S1 dermatomes. The patient has claudicating leg pain when she ambulates for 300 feet. The treater states that "this has been a traditional criteria for lumbar decompression surgery," and is, therefore, requesting for a lumbar MRI. Given the chronic pain, the neurologic deficits and the possibility of a surgery, an MRI appears reasonable and is medically necessary.