

Case Number:	CM15-0204890		
Date Assigned:	10/21/2015	Date of Injury:	01/07/2011
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 1-7-2011. The injured worker is undergoing treatment for chronic pain syndrome, lumbar spondylosis, numbness, muscle pain, lumbar radiculitis and lumbar degenerative disc disease (DDD). Medical records dated 9-23-2015 indicate the injured worker complains of back pain radiating to the left leg with weakness and giving out. He reports increased numbness of the left leg and burning in the feet. He rates the pain 7-8 out of 10 without medication and 2-3 out of 10 with medication. Physical exam dated 9-23-2015 notes lumbar tenderness to palpation, painful range of motion (ROM), positive straight leg raise on the left and sacroiliac joint tenderness to palpation. Treatment to date has included 8-6-2015 lumbar X-ray impression disc narrowing and retrolisthesis, medication, home exercise program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS) unit and ice. The treating physician on 9-23-2015 reviewed a 7-16-2014 magnetic resonance imaging (MRI) indicating disc herniation, stenosis and possible impingement. The original utilization review dated 10-5-2015 indicates the request for Percocet 10-325mg #60, Voltaren 100mg #60 and surgical consultation is certified and lumbar magnetic resonance imaging (MRI) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the buttocks and the left leg with worsening left leg weakness and numbness in the feet. The documented examination recorded findings are consistent with an issue involving a specific spinal nerve involving this area of the back. In light of this supportive evidence, the current request for a MRI of the lumbar spine region is medically necessary.