

Case Number:	CM15-0024879		
Date Assigned:	02/17/2015	Date of Injury:	08/01/2013
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Ohio, North Carolina, Virginia
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 54 year old female who sustained an industrial injury on 8/1/13. The injured worker reported symptoms in the back. The diagnoses included chronic pain syndrome, low back pain, lumbar degenerative disc disease lumbar disc pain, lumbar radicular pain, myalgia and numbness. Treatments to date include home exercise program, ice application, activity modification, oral pain medication, and oral muscle relaxant. In a progress note dated 12/3/14 the treating provider reports the injured worker was with "pain down both legs that is a burning type pain...left foot is numb and her leg muscles are weaker." On 1/26/15 Utilization Review non-certified the request for a magnetic resonance imaging lumbar. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. MRI section.

Decision rationale: The injured worker had an MRI scan of the lumbar spine 11-26-2013 which revealed multi-level facet arthropathy and disc protrusions on the right at L5-S1 and on the left at L3-L4 and L4-L5. She has been treated with lumbar epidural steroid injections, medication, and physical therapy. She is declining functionally and has developed right lower extremity symptomatology in terms of burning. She has begun to fall repeatedly. The physical exam now reveals weakness in the left lower extremity whereas previously it did not. The treating provider requested lower extremity electrodiagnostic studies which were apparently non-certified. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). In this instance, the development of contralateral radiculopathy, falling episodes, and the new finding of objective left lower extremity weakness may be indicative of significant neurocompression. If that is indeed the case, surgery may be an option. Therefore, because lower extremity electrodiagnostic studies have been non-certified, another MRI of the lumbar spine is medically necessary prior to a neurosurgical consultation.