MAXIMUS Federal Services

Case Number:	CM15-0212673		
Date Assigned:	11/02/2015	Date of Injury:	06/04/2010
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 39 year old male, who sustained an industrial injury on 6-04-2010. The injured worker was diagnosed as having lumbago and lumbar radiculopathy. Treatment to date has included diagnostics, right L3, L4, L5 and S1 medial branch radiofrequency neurolysis 1-20-2015, and medications. On 4-07-2015, the injured worker complains of low back pain, rated 8-9 out of 10, with right lower extremity radiculopathy component that comes all the way down from his back into his right leg, and culminates in numbness in his right foot. Physical exam noted numbness on the sole of his right foot, strength 4 of 5 in the right extensor hallucis longus muscle, and positive straight leg raise. The treatment plan included lumbar magnetic resonance imaging without GAD. The treating physician documented that he was denied surgery in the past and would like to see "exactly what is going on with his back" to recommend surgery if that was an option. Computerized tomography of the lumbar spine (3-11-2014) showed central disc protrusion at L4-5 resulting in mild central canal stenosis and mild bilateral neural foraminal narrowing, and mild bilateral neural foraminal narrowing at L5-S1. No additional lumbar spine imaging was submitted. Per the pain medicine report (9-10-2015) the injured worker continued treatment for chronic pain syndrome and reported that pain medications gave overall 5-6 out of 10 relief. Medications included Baclofen, Duragesic, Gabapentin, Lidocaine ointment, Norco, Omeprazole, and Naproxen. Musculoskeletal exam specific to the lumbar spine noted soft tissue dysfunction and spasm in the lumbar paraspinal region, "straight leg raise of the affected side reproduces the patient's radicular symptoms", and lateral rotation and extension of the spine produced "concordant pain in the affected area". Neurological exam noted "coordination appears

to be somewhat compromised". The pain medicine physician documented on 9-10-2015 that lumbar fusion surgery was denied. Utilization Review non-certified a request for lumbar magnetic resonance imaging without GAD on 10-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without GAD: Upheld

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 section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without GAD is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbago and lumbar radiculopathy. Date of injury his June 4, 2010. Request for authorization is April 29, 2015 (receipt date is September 24, 2015). The injured worker had a CAT scan of the lumbar spine on March 11, 2014. CAT scan results showed central disc protrusion L4 - L5 with mild central canal stenosis and mild bilateral neural foramina narrowing; mild bilateral neural foraminal narrowing L5 - S1 and no acute bony issue. According to April 7, 2015 progress note, subjective complaints include low back pain 9/10 that radiates to the right lower extremity. Objectively, there is numbness on the right sole of the foot with positive straight leg raising on the right. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Other than the sensory examination involving the right lower extremity, there are no other neurologic findings in the medical record. There is no documentation of progression of neurologic symptoms. There is no documentation indicating a significant change in symptoms and/or findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, advanced imaging with no subsequent progression of neurologic findings and no unequivocal objective findings that identifies specific nerve compromise, MRI of the lumbar spine without GAD is not medically necessary.