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| Case Number: | CM15-0215266 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 12/30/2010 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 11/02/2015 |

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 12-30-10. A review of the medical records indicates that the worker is undergoing treatment for low back pain with degenerative disk disease at L1-L2 and L4-L5, slight posterior subluxation at L1-L2 unchanged from 2011 and a right lateral disk herniation at L4-L5 displacing and probably entrapping the right L4 nerve in the right neuroforamen, right hip pain, status post right total hip replacement (2013), and right radicular pain in the distribution of the right L5 nerve root. Subjective complaints (9-15-15) include low back and increased right lower extremity pain. Objective findings (9-15-15) include the worker is ambulating with a cane. Symptoms are noted to be in the L5 distribution. The physician notes that the worker has had ongoing severe right lower extremity radicular symptoms since May 2015, has had some improvement since starting Gabapentin but continues to complain of significant right lower extremity pain. Also noted is that there has been no imaging of the back for 2 years and the right leg pain warrants further workup. A request is for MRI of the lumbar spine. Electromyography done in 2014 is reported as normal. An MRI of the lumbar spine was done 2-11-11. Medications are Gabapentin, Norco, Flexeril, Naproxen, and Neurontin. Previous treatment includes medication, right L4 selective nerve root block with steroid (1-2014, reported as not helpful), and acupuncture. The requested treatment of MRI of the lumbar spine was non-certified on 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: 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: American College of Occupational and Environmental Medicine Page 303, Low Back Complaints. This claimant was injured in 2010 with low back pain with degenerative disk disease at L1-L2 and L4-L5, slight posterior subluxation at L1-L2 unchanged from 2011, and a right lateral disk herniation at L4-L5 displacing and probably entrapping the right L4 nerve in the right neuro foramen, right hip pain, status post right total hip replacement (2013), and right radicular pain in the distribution of the right L5 nerve root. There is ongoing severe right lower extremity radicular symptoms since May 2015. Electromyography done in 2014 however is reported as normal and an MRI of the lumbar spine was already done 2-11-11. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria.