

Case Number:	CM15-0222110		
Date Assigned:	11/17/2015	Date of Injury:	10/09/2013
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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:

The injured worker is a 37 year old male, who sustained an industrial injury on October 9, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having other intervertebral disc degeneration lumbosacral region, dorsalgia unspecified, other muscle spasm and contracture of muscle multiple sites. Treatment to date has included lumbar epidural steroid injection, diagnostic studies, home exercises and medication. On December 22, 2013, an MRI of the lumbar spine showed discogenic changes with dehydration, no loss of disc height at both L4 and L5, annular fissures and left foraminal spur thought to contact the exiting L4 root on that side and dorsal protrusion. There was neural foraminal narrowing present to a limited extent at the lumbosacral level. An electrodiagnostic study on February 23, 2015, revealed L5 lumbar radiculopathy, right more so than left. On October 5, 2015, the injured worker complained of lower backache rated a 4.5 on a 1-10 pain scale with medications and an 8 on the pain scale without medications. His quality of sleep was noted to be poor. Physical examination of the lumbar spine revealed spasm, tenderness, right muscle band and trigger points on both sides. His lumbar spine range of motion was restricted with flexion limited to 50 degrees with pain and extension limited to 10 degrees with pain. He could not walk on heels or toes. Straight leg raising test was positive on both sides in sitting at 60 degrees. The treatment plan included continuation of home exercises, lumbar MRI and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Utilization review denied a request for an MRI of the lumbar spine. A request for a TENS unit for 30 day trial for the lumbar spine was authorized.

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: Upheld

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

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 current request is for MRI OF THE LUMBAR SPINE. Treatment to date has included lumbar epidural steroid injection, diagnostic studies, physical therapy, home exercises and medications. The patient is temporarily totally disabled. 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." Official Disability Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Per report 10/05/15, the patient presents with lower backache. Examination revealed restricted range of motion. On palpation, paravertebral muscles, spasm, tenderness and trigger points are noted. Straight leg raise is positive, and motor strength is limited. MRI of the lumbar spine from December 2013 showed discogenic changes with dehydration, no loss of disc height at both L4 and L5, annular fissures and left foraminal spur thought to contact the exiting L4 root on that side and dorsal protrusion. There was neural foraminal narrowing present to a limited extent at the lumbosacral level. An electrodiagnostic study from February 23, 2015 revealed L5 lumbar radiculopathy, right more so than left. In regard to the request for a repeat MRI of the lumbar spine, the patient presents with a neurological deficits, but the treater has not provided documentation of progressive neurological deficit. There is no indication of worsening of symptoms, or re-injury which would warrant repeat MRI imaging, as required by MTUS. Therefore, the request IS NOT medically necessary.