

Case Number:	CM15-0223903		
Date Assigned:	11/20/2015	Date of Injury:	01/06/2000
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/13/2015

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, California
 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:

This injured worker is a 63 year old male, who sustained an industrial injury on 01-06-2000. The injured worker was diagnosed as having other intervertebral disc displacement - lumbar region, other intervertebral disc degenerative-lumbosacral region and intervertebral disc disorders with radiculopathy-lumbosacral region. On medical records dated 11-02-2015, the subjective complaints were noted as back pain radiating from low back down right leg. Pain was noted as 2 out of 10 with medication and 7 out of 10 without medication. Objective findings were noted as lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited to 65 degrees and extensor limited to 10 degrees due to pain. On palpation of paravertebral muscles, spasm, tenderness and tight muscle band was noted on right side. No spinal process tenderness was noted. Positive straight leg raise on the right and tenderness noted over the posterior iliac spine on the right side right sacroiliac joint. The patient had an antalgic gait, used cane and diminished sensation in right lower extremity. Treatment to date included medication and home exercise program. Current medications were listed as Provigil, Celebrex, Ambien, Ultram ER, Percocet, Plavix and Aspirin. The Utilization Review (UR) was dated 11-11-2015. A Request for Authorization was dated 11-06-2015. The UR submitted for this medical review indicated that the request for MRI of the lumbar spine was non-certified. The patient had MRI of the lumbar spine in 2004. The patient sustained the injury when stack of tires fell over patient. Patient had received lumbar and cervical ESI for this injury. The patient has had history of TIA on 7/27/2015. Details of PT or other type of therapy done since the date of injury was not specified for this injury.

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: Overturned

Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition, Low Back (updated 12/02/15), MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine. Per the ACOEM low back guidelines cited "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)." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited, "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)." The patient had a MRI of the lumbar spine in 2004. The patient had a diagnoses of lumbar region, other intervertebral disc degenerative lumbosacral region and intervertebral disc disorders with radiculopathy lumbosacral region. In the medical records dated 11-02-2015, the subjective complaints were noted as back pain radiating from the low back down the right leg. Pain was noted as 2 out of 10 with medication and 7 out of 10 without medication. Objective findings included lumbar spine loss of normal lordosis with straightening of the lumbar spine. Positive straight leg raise on the right and tenderness noted over the posterior iliac spine on the right side right sacroiliac joint. The patient had an antalgic gait, used a cane and had diminished sensation in the right lower extremity. Therefore, the patient has chronic pain with significant objective findings. There is possibility of significant neurocompression. The patient had received conservative treatment including oral medications. A MRI would be appropriate to evaluate the symptoms further and to rule out any red flag pathology. The request of the MRI of the lumbar spine is deemed medically appropriate and necessary for this patient.