

Case Number:	CM15-0224641		
Date Assigned:	11/23/2015	Date of Injury:	02/05/2011
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/16/2015

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:

This 50 year old male sustained an industrial injury on 2-5-11. Documentation indicated that the injured worker was receiving treatment for neck and low back pain. Previous treatment included physical therapy, one lumbar cortisone injection and medications. In the only PR-2 submitted for review, dated 10-6-15, the injured worker complained of neck and lumber pain with radiation down the right lower extremity and right upper extremity. Physical exam was remarkable for cervical spine with tenderness to palpation to the right cervical area with range of motion "restricted significantly" to the right, chin to chest two fingerbreadths, right rotation 15 degrees and left rotation 30 degrees, bilateral upper extremities with intact reflex, motor and sensory except for trace weakness of the right wrist on dorsiflexion and lumbar spine with tenderness to palpation to the right paralumbar area with range of motion: forward flexion with the knee extended fingertip to the knee level and 10 degrees extension and side bend, no pain on hip rotation and bilateral lower extremities with intact reflex, motor and sensory exam except for 4 out of 5 strength to the right ankle and great toe extensor. The injured worker declined gait on his toes and heels "as he felt weak". The physician recommended magnetic resonance imaging cervical spine and lumbar spine and electromyography and nerve conduction velocity test of bilateral upper and lower extremities. On 10-16-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) magnetic resonance imaging of the lumbar spine: 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, one (1) magnetic resonance imaging (MRI) of the lumbar spine 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 cervical sprain strain rule out disc protrusion/herniation; right sciatica with 4/5 weakness right lower extremity in the L5 distribution. Date of injury is February 5, 2011. Request for authorization is October 9, 2015. According to an October 11, 2012 AME, the documentation indicates the injured worker had an MRI of the lumbar spine. An MRI lumbar spine was performed April 29, 2011 according to an AME dated October 11, 2012. MRI showed facet disease caused by trace final stenosis below L2 L3 disk space; disc and facet disease L3 - L4 and to a lesser degree L2 - L3; no parameter narrowing; trace grade 1 spondylolisthesis of L5 on S1. According to an orthopedic progress note dated October 6, 2015, page 1 with subjective symptoms is absent on the record. Objectively, there is right lumbar paraspinal muscle tenderness decreased range of motion. Motor and sensory are examination. There are no unequivocal objective findings and identify specific nerve compromise on the neurologic examination. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology. As noted above, subject to section of the most recent progress note is absent from the record review. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, one (1) magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary.