

Case Number:	CM15-0030979		
Date Assigned:	02/24/2015	Date of Injury:	08/09/2011
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, 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:

The injured worker is a 57 year old male, who sustained a work/ industrial injury on 8/9/11 while working for a school district as a delivery driver. He has reported symptoms of constant back pain radiating to the right lower extremities occasionally. Prior medical history includes pancreatitis, right ankle surgery 2009 and right shoulder arthroscopy 2006-2007. The diagnoses have included lumbosacral herniated disc L5-S1, lumbar spine radiculopathy with left S1 sensory root dysfunction per electromyogram/NCV of 10/8/13, lumbar spine with moderate facet arthrosis. Lumbar spine chronic right L5 radiculopathy per EMG/NCV of 10/3/14. Treatments to date include medication, epidural steroid injections, acupuncture, orthopedic and neurological consultations, and diagnostic testing. Diagnostics included a Magnetic Resonance Imaging (MRI) on 10/22/13 that revealed a L5-S1 mild disc bulge and 3 mm central disc extrusion with 5 mm superior extension of disc, with no central or lateral stenosis or evidence of nerve root impingement. The electromyogram of 10/8/13 noted prolongation of left posterior tibial H-reflex in comparison to the right, suggestive of left S1 sensory root dysfunction. Medications included Robaxin, Tramadol, Naprosyn, Lipitor, Lisinopril, Amlodipine, and Norco. Examination noted tenderness in midline of lumbar spine and bilateral posterior superior iliac spine, decreased range of motion, and movement was painful. There was no documentation regarding sensory loss, reflex abnormalities or muscle weakness or progressive neurological symptoms and signs or red flags. On 2/5/15, Utilization Review non-certified a MRI of the lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, American College of

Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG).

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. The requesting physician mentioned that the claimant may needed surgery but was not seen by a surgeon to clinically determine if the findings warrants surgery and that would require another MRI. The claimant had MRIs in 2013 and 2011 of the lumbar spine. There was no current plan for surgery. The request for another MRI of the lumbar spine is not medically necessary.