

Case Number:	CM15-0034077		
Date Assigned:	03/02/2015	Date of Injury:	10/19/2010
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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 52-year-old male with an industrial injury dated 10/19/2010 resulting from a motor vehicle accident. His diagnoses include lumbar degenerative disk disease status post laminotomy at L4-5 and L5-S1, and right leg radiculitis. Recent diagnostic testing has included electrodiagnostic studies of the bilateral lower extremities (03/04/2015) showing right greater than left lumbar radiculopathy, and a previous MRI (2012) showing evidence of previous laminectomy and laminotomy defects at the L4-5 and L5-S1 with broad based disk protrusions resulting in mild foraminal narrowing. Previous treatments have included conservative measures, medications, physical therapy (6 months), lumbar surgery, bilateral knee surgeries, ulnar nerve relocation, and 2 right foot surgeries. In a consultation note dated 02/02/2015, the physician reports right leg and knee pain with a feeling of swelling, hamstring and calf tightness, intermittent numbness and tingling in the right foot, and diffuse lower back pain. The objective examination revealed hamstring tightness with forward bending of the lumbar spine, and minimal tenderness to palpation over the L4-L5 region. The treating physician is requesting MRI of the lumbar spine with and without dye which was denied by the utilization review. On 02/16/2015, Utilization Review non-certified a request for MRI of the lumbar spine with and without dye, noting the documentation did not provide sufficient evidence of progressive neurological deficits or new findings suggestive of pathology that did not correlate with previous MRI. The MTUS and ODG guidelines were cited. On 02/24/2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine with and without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with and without contrast of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, electromyography; MRIs; Nerve Conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, MRIs.

Decision rationale: The 2/18/15 Utilization Review letter states the MRI with and without contrast of the lumbar spine requested on the 2/02/15 medical report was denied because reviewer did not believe the current presentation was different from the presentation at the time of the 5/16/12 MRI. According to the 2/2/15 initial orthopedic report, the patient had low back surgery for L4/5 herniated disc and laminectomy in 1994. He had bilateral knee scopes and 2 neuroma surgeries on the right foot; and an ulnar nerve relocation. He was diagnosed with a schwannoma to the right sciatic nerve. He presents with right leg pain, a feeling of swelling in the leg, and hamstring and calf tightness. There is intermittent numbness and tingling between the 1st and 2nd toes on the right foot. The orthopedist diagnoses includes: lumbar DDD s/p lumbar laminectomies at L4/5 and L5/S1; right leg radiculitis. The plan was for an updated lumbar MRI with contrast and EMG/NCS to try to determine whether a portion of the symptoms can be related to a specific nerve root. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states : If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. ODG Low Back Chapter for MRIs states Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology eg, tumor, infection, fracture, neurocompression, recurrent disc herniation. The patient was reported to have paresthesia down the right leg and into the 1st and 2nd toes. There is history of lumbar disc herniation/surgery, nerve impairment, and tumors including neuromas and schwannoma. The request for the repeat MRI appears to be in accordance with ODG and MTUS/ACOEM guidelines. The request for MRI with and without contrast of the lumbar spine IS medically necessary.