

Case Number:	CM15-0050394		
Date Assigned:	03/23/2015	Date of Injury:	07/18/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old female, who sustained an industrial injury on July 18, 2012. She reported low back injury after lifting a crate of water bottles. The injured worker was diagnosed as having lumbar radiculitis, lumbar degenerative disc disease, lumbar strain, and chronic low back pain. Treatment to date has included x-rays, medications, home exercise program, lumbar epidural steroid injection, and physical therapy. 08/29/12 lumbar MRI was noted to be normal for age, and showed early posterior annular disc bulging at L5-S1. 11/10/14 AME re-evaluation documented non-dermatomal numbness in the left lower extremity and 5-/5 strength in the tibialis anterior, extensor hallucis longus, and gastrocnemius-soleus muscles. The documented neurological exam was otherwise normal. Straight leg raising test (SLR) produced back pain only. Examiner determined that the injured worker remained permanent & stationary. She was seen on January 15, 2015, for low back pain. The treatment plan included: continuation of Dilaudid 2mg, Xanax 0.25mg, request for transcutaneous electrical nerve stimulation, and follow-up visits. On February 17, 2015, she was seen for worsened low back pain. An ESI had improved symptoms by 80% but had worn off. Current pain level was 10/10. On exam, extensor hallucis longus strength was 4/5 bilaterally. Sensation and deep tendon reflexes were reduced in both lower extremities. SLR was positive bilaterally. The treatment plan included: refill Dilaudid, trial Flector patch, appeal denial of transcutaneous electrical nerve stimulation, request for repeat lumbar spine magnetic resonance imaging, and follow-up visits. The request is for repeat lumbar spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar spine MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 12 (Low Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "Unequivocal 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Table 12-8 (Summary of Recommendations and Evidence) recommends "CT or MRI when cauda equina syndrome, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." Since MTUS is silent concerning repeat imaging of the low back ODG was consulted. ODG states: "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)." Based upon the documented progressive neurological deficits and worsened symptoms, the requested repeat lumbar MRI is reasonable and medically necessary.