

Case Number:	CM15-0050534		
Date Assigned:	03/25/2015	Date of Injury:	10/06/1998
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
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: 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 62 year old male injured worker suffered an industrial injury on 10/06/1998. The diagnoses were knee pain, lumbar facet syndrome, and knee meniscal tears. The diagnostics included lumbar magnetic resonance imaging and electromyographic studies. The injured worker had been treated with medications, epidural steroid injections and physical therapy. On 1/15/2015 the treating provider reported lower backache and bilateral lower extremity pain rated 8/10. There was restricted range of motion with muscle spasms and tenderness. The treatment plan included MRI of the lumbar spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter MRI topics.

Decision rationale: The patient was injured on 10/06/1996 and presents with low back pain which travels down the legs into the feet. The request is for an MRI OF THE LUMBAR SPINE. The RFA is dated 02/04/2015, and the patient is temporarily totally disabled for 8 weeks, as of the 01/15/2015 report. The patient had a prior MRI of the lumbar spine in August of 2014, which showed L4-L5 spondylolisthesis and stenosis, canal diameter 7 mm, L5-S1 bilateral foraminal stenosis. Radiographs show grade I spondylolisthesis at L5-S1. The 12/17/2014 report states, "New MRI needed given the findings of quad atrophy, weakness of physical exam, and development of new signs and symptoms since the prior MRI." For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptom and/or findings suggestive of significant pathology" such as tumor, infection, fracture, nerve compromise, recurrent disk herniation. The patient had a prior MRI of the lumbar spine done in August of 2014. The patient has a 3-cm discrepancy in thigh/quadriceps circumference with right thigh atrophy compared to left and pain with hyperextension of the lumbar spine. "Right quad atrophy and weakness in right lower extremity." ODG Guidelines state that "Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as tumor, infection, fracture, nerve compromise, recurrent disk herniation. In this case, the patient now presents with thigh atrophy. Prior reports dated around the August 2014 MRI of the lumbar spine do not indicate that the patient had this condition at that point. Therefore, the requested repeat MRI of the lumbar spine IS medically necessary.