

Case Number:	CM15-0051033		
Date Assigned:	03/24/2015	Date of Injury:	03/10/2014
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 3/10/14 resulting from a fall he did not have immediate pain and finished his shift. Later that day he developed low back pain radiating to mid-back. He took Tylenol and continued to work for three days until the back pain was unbearable. At that point, he was sent to a physician who took x-rays, which were negative. He was treated with a back brace, Norco, muscle relaxant injection and referred for physical therapy. Of note, he has had prior low back injuries about 15 years ago with no residuals. He currently complains of sharp, deep pain in the lower spine that has been getting progressively worse since his return to work 12/22/14 and attributes this pain to bouncing around in his work truck. He also has constant numbness of the left into the left foot and occasionally into the right foot. His pain intensity is 4-5/10 and 8/10 when riding in his work truck. He has sleep disturbances due to pain. Medications are Tramadol, Effexor, and ibuprofen and stool softener. Diagnoses include lumbar degenerative disc disease; left leg radiculopathy. Treatments to date include medications, which offer relief for about 2 hours, physical therapy, and lumbar epidural steroid injection (9/16/14). Diagnostics include x-ray of the thoracic spine (12/2/14) abnormal; x-ray of the lumbar spine (12/2/14) unremarkable; x-ray of the pelvis (12/2/14) unremarkable; MRI lumbar spine (5/14); electromyography/nerve conduction study of the lower extremities (8/14) which showed nerve damage in the left foot. In the progress note, dated 1/27/15 the treating provider's plan of care includes pain management consult. A 3.0 Tesla MRI of the lumbar spine was not requested in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

3.0 Tesla MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. Treatments have included one lumbar epidural steroid injection with improvement lasting less than two weeks. A second epidural steroid injection had been attempted but the claimant was unable to tolerate the procedure. An MRI in May 2014 included multilevel foraminal stenosis with left lateralization at L3/4 and facet arthropathy. Guidelines indicate that a 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). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Therefore, the requested MRI was not medically necessary.

Pain management consultation and treatment for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. Treatments have included one lumbar epidural steroid injection with improvement lasting less than two weeks. A second epidural steroid injection had been attempted but the claimant was unable to tolerate the procedure. An MRI in May 2014 included multilevel foraminal stenosis with left lateralization at L3/4 and facet arthropathy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing radicular symptoms despite extensive conservative treatments. Therefore, this request was medically necessary.

