

Case Number:	CM15-0051047		
Date Assigned:	03/24/2015	Date of Injury:	07/17/2013
Decision Date:	06/10/2015	UR Denial Date:	02/20/2015
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: Maryland

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

This is a 62 year old male with a July 17, 2013 date of injury. A progress note dated February 9, 2015 documents subjective findings (continuing back pain and radiating leg pain; no new numbness or tingling), objective findings walking more straight and upright; still has limitations in lumbar range of motion; no motor or sensory deficits; straight leg raise is negative), and current diagnoses (L4-5 lumbar spinal stenosis; lumbar disc herniation with lumbar radiculopathy). Treatments to date have included medications, magnetic resonance imaging (September 14, 2013; demonstrating evidence of lumbar stenosis at L4-5 and degenerative disc disease), electromyogram/nerve conduction study (showed evidence of mild acute L5 radiculopathy on the left with is superimposed on mild to moderate peripheral neuropathy), and lumbar epidural steroid injection (60% relief for a period of seven weeks, then symptoms return). A 2/9/15 exam revealed weakness of the left hamstring, bilateral EHL with decreased LLE sensation and reflex changes at the ankles. The treating physician documented a plan of care that included magnetic resonance imaging 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 without contrast (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2015: Low Back - Lumbar & Thoracic (Acute & Chronic) MRI's.

MAXIMUS 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) Low back- MRI.

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. 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). The primary treating physician progress note from 2/9/15 does not reveal progressive neurological deficit or significant red flag findings therefore this request is not medically necessary.