

Case Number:	CM15-0084152		
Date Assigned:	05/11/2015	Date of Injury:	02/02/2000
Decision Date:	06/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on 2/2/2000. He reported initial injury of a motor vehicle accident with loss of consciousness, low back pain, bilateral leg pain and left hand pain. The injured worker was diagnosed as having lumbar radiculopathy; lumbar spondylosis. Treatment to date has included epidural steroid injections; physical therapy; medication. Currently, the PR-2 note dated 3/4/15 used in the Utilization Review is only one page. It does not contain the subsequent pages of this office visit note. The provider has submitted a PR-2 notes dated 4/14/15 that indicates the injured worker complains of lower backache, left lower extremity pain, right lower extremity pain and left hand pain. The provider notes his back is the main complaint and has had over 115 epidural steroid injections that have been of short-term benefit. The injured worker feels the injections have only been a "bandage". He also notes he has had facet joint injections and one caused worse nerve pain in the bilateral lower extremities. He reports feeling numbness/tingling in both legs, focal pain in his neck and left hand pain, which was sudden in onset. He rates his pain as 5/10 and is characterized as aching, burning, sharp, shooting, stabbing and throbbing. It radiates to the bilateral legs. The conditions is associated with back pain and difficulty ambulating, morning stiffness, muscle atrophy and spasms, neck pain, numbness and tingling of affected limbs and weakness. Relieving factors with significant improvement is swimming at the YMCA four months ago as well as medications. The injured worker notes that at one time, he was taking 20+ Norco tablets a day and he checked himself into detox/rehab. He has tried physical therapy and a spinal cord stimulator, which did not affect the level of pain. The injured worker missed his last

appointment and has been off his medications. His pain levels in the last 7 days average 10/10 and activity has decreased. Objective findings of the cervical and lumbar spine note tenderness on palpation and the neurological evaluation demonstrates a decreased sensory over the lateral right thigh following L4, L5 dermatome with decreased motor strength with extension of the right lower extremity. He is unable to fully extend the right lower extremity without assistance. The provider documents that there have been no recent or within the past 5 years of imaging or nerve condition studies. His treatment plan on this date was to trial Neurotin and continue with current medications Norco 3-4 per day with mindfulness of tapering and Soma. He is also requesting a MRI of the lumbar spine to evaluate extent of injury or possible intervention to help reduce the pain.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Guidelines state that imaging may be appropriate in patients with objective findings that identify specific nerve compromise in patients who do not respond to treatment and who would consider surgery. In this case, documentation fails to include any physical findings that would support repeat lumbar MRI. The request for lumbar MRI is not medically necessary and appropriate.