

Case Number:	CM15-0089286		
Date Assigned:	05/13/2015	Date of Injury:	05/08/2011
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 was a 65-year-old male, who sustained an industrial injury, May 9, 2011. The injured worker previously received the following treatments right piriformis injection post procedure of 50-80% overall improvement, lumbar spine MRI without contrast March 2, 2015, home exercise program, Ambien, Vicodin and left knee surgery. The injured worker was diagnosed with degenerative arthritis of the lumbar spine and degenerative disc disease L5-S1 disc, lumbar disc displacement, lumbar facet arthropathy, left knee pain, chronic pain and left knee surgery. According to progress note of March 9, 2011, the injured workers chief complaint was low back pain. The pain radiated down the right lower extremity and into the right foot. The injured workers pain was accompanied by numbness frequently in the right lower extremity to the level of the foot and tingling frequently in the right lower extremity to the level of the foot. The pain was described as sharp and moderate to severe in severity. The pain was aggravated by walking. The injured worker reported severe difficulty in sleeping. The pain was rated an 8 out of 10 with medication and 9 out of 10 without medication. The physical exam noted upon palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. The sensory and motor exams were normal bilaterally. Achilles reflexes were decreased bilaterally. The testing for sacroiliac joint dysfunction revealed tenderness. Testing for piriformis syndrome revealed positive right piriformis tenderness. The treatment plan included lumbar spine MRI.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The pain medicine report dated March 9, 2015 documented that the patient reports low back pain. The pain radiates down the right lower extremity. The patient is status post right piriformis injection. This procedure took place on October 31, 2014. Post procedure the patient reports good (50-80%) overall improvement. Lumbar physical examination was documented: "Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with extension, flexion, and rotation. Sensory exam is within normal limits bilaterally. Motor exam is within normal limits in bilateral lower extremities. Achilles reflexes were decreased bilaterally. Patellar reflexes were bilaterally. Straight leg raise at 90 degrees sitting position is negative bilaterally. Testing for sacroiliac joint dysfunction revealed a tender. Testing for piriformis syndrome revealed a positive right piriformis tenderness." MRI of lumbar spine dated 6-27-11 demonstrated significant findings. At L4-5, there is loss of nucleus pulposus signal intensity and a 2-3 mm disc bulge. There is mild to moderate bilateral facet hypertrophy, mild central canal narrowing and mild left neural foraminal narrowing. At L5-S1, there is loss of nucleus pulposus signal intensity and a 3-4 mm disc bulge. There is moderate right facet hypertrophy without central canal narrowing. There is mild left and moderate right neural foraminal narrowing. X-ray of lumbosacral spine dated 5-1-14 demonstrated degenerative arthritis lumbar spine, and degenerative disc disease L5-S1 disc. MRI of lumbar spine dated 3-2-15 demonstrated significant findings: 1. L5-S1: Neural foraminal disease compresses the exiting right and deforms the exiting left L5 nerve root. 2. L4-5: Mild to moderate neural foraminal narrowing slightly deforms the exiting L4 nerve roots. Mild to moderate lateral recess narrowing at this level effaces the transiting L5 nerve roots. 3. Laterally-directed disease effaces the exiting left L4 and bilateral L5 nerve roots in the extraforaminal zones. 4. Prominent L5-S1 facet disease. "An MRI of the lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated in conjunction with objective findings, into the decision process in formulating a treatment plan for this patient." No new lumbar spine injuries were reported. No new neurologic deficits were documented. No evidence of cauda equina, tumor, infection, or fracture was documented. Therefore, the request for repeat lumbar MRI magnetic resonance imaging is

not supported by MTUS & ACOEM guidelines. Therefore, the request for a repeat MRI of the lumbar spine is not medically necessary.