

Case Number:	CM13-0049400		
Date Assigned:	06/20/2014	Date of Injury:	07/19/2011
Decision Date:	08/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 10/9/13 note indicates bilateral leg pain and back pain. The insured is reported to have fallen 9/6 and has pain in right and left leg. The examination noted tenderness and tightness across the lumbar area with reduced range of motion. Assessment was lumbar radiculopathy with lumbar degenerative joint disease of L4-5 and L5-S1. A 1/17/12 MRI of lumbar spine notes L5-S1 anterolisthesis with bulging disc and bilateral neural foraminal stenosis. 2/11/14 orthopedic note indicates pain the back and had been recommended for surgery. The examination noted 5-/5 strength in the right and left hallucis longus and right and left dorsiflexion. There was hypoesthesia in the L5 distribution rated at 80% of normal. Straight leg raise was positive bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG), Low Back chapter: Magnetic Resonance Imaging (MRI).

Decision rationale: The medical records provided for review indicate a progression of neurologic signs by examination between 10/13 and 2/14 with new muscle weakness and sensory loss supporting under the ODG guidelines the medical necessity for new imaging study of an MRI of lumbar spine. As such, the request is medically necessary.

Neurosurgeon consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Low Back Complaints chapter, pages 305-306.

Decision rationale: The medical records provided for review indicate a progression of neurologic signs by examination between 10/13 and 2/14 with new muscle weakness and sensory loss. The progressive neurologic findings consistent with radiculopathy is support for surgical referral under the MTUS guidelines. As such, the request is medically necessary.