

Case Number:	CM14-0121049		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2012
Decision Date:	10/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 37-year-old female who reported an injury on 07/10/2012. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnoses included lumbar strain, left lumbar disc herniation L5-S1 and left lumbar radiculopathy. The injured worker's past treatments included approximately 6 sessions of acupuncture and 14 sessions of physical therapy, medications and injections. Her diagnostic exams included 3 MRIs of the lumbar spine which revealed similar findings each time of herniated nucleus pulposus L5-S1 with left S1 nerve root compression. Her surgical history was not clearly indicated in the clinical notes. On 06/30/2014, the injured worker complained of back pain and buttock pain. The physical exam revealed tenderness to palpation of the lumbosacral spine. The injured worker's current medications included Lamotrigine 200 mg and Viibryd. The treatment plan consisted of 6 visits of acupuncture, a lumbar spine MRI for persistent low back pain, and an evaluation for surgery. A request was received for MRI of the lumbar spine. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted

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. Decision based on Non-MTUS Citation Official Disability Guidelines/Low back (updated 06/108/14) - MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

Decision rationale: The ACOEM guidelines state that lumbosacral nerve root compression with radiculopathy may occur without any obvious trauma or could be caused by degenerative changes. The symptoms of nerve compression are leg pain, numbness and weakness, which are all in specific distributions. The pain is typically buttock to posterior thigh to calf especially of the L5 or S1 nerve root. Diagnostic testing is not indicated for 4-6 weeks unless compression is severe or progressive. 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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Based on the clinical notes, the injured worker had a diagnosis of left lumbar radiculopathy. Her diagnostic history comprised of 3 MRIs over the span of 3 years, which corroborated the same findings of a herniated nucleus pulposus with left S1 nerve root compression. Her complaints of back and radiating buttock pain are indicative of nerve irritation at that dermatomal level. The clinical notes also state that she has failed NSAID's, physical therapy and epidural steroid injections. However, the guidelines recommend diagnostic studies when neurological symptoms are unequivocal. The clinical notes failed document nerve conduction studies were utilized to determine the exact etiology of her radiating butt pain. Also, there was only one abnormal finding during the neurological exam performed. The complaint of decreased sensation of the lower left extremity does not solely warrant the need for a subsequent MRI. Her MRI performed on 01/2014, revealed the same result as the initial on 12/20/2013. Therefore, due to lack of "red flags" indicating that a significant neurological dysfunction has occurred or increased since the first MRI, the request is not supported. Thus, the request for an MRI of the Lumbar Spine is not medically necessary.