

Case Number:	CM14-0130149		
Date Assigned:	08/22/2014	Date of Injury:	03/16/2004
Decision Date:	09/29/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 and 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 57-year-old male who reported an injury on 03/16/2004. The mechanism of injury was not indicated. The injured worker had diagnoses including lumbar discogenic, lumbar radiculopathy. Prior treatment included acupuncture, physical therapy and aquatic exercise. Diagnostic studies included an MRI of the lumbar spine without contrast dated 02/2004 which showed recurrent disk herniation and degeneration at L5-S1, and were compared to the CT scan of the lumbar spine dated 10/19/2011 which revealed disc replacement at the L4-L5 and LS-S1 levels. There were the expected metallic artifacts associated with the disc replacement. The injured worker underwent decompression surgery in 2010 or 2011. The injured worker complained of pain in low back that radiates into his lateral right leg and foot with pain and numbness. The clinical note dated 06/20/2014 reported the injured worker had an upright posture and ambulated with a normal gait. Deep tendon reflexes to the Patellar and Achilles were intact and symmetric bilaterally. Strength was 5/5 bilaterally and sensation to light touch was intact to the L2-S1 distributions. The injured worker was able to toe walk and heel walk. Medications included norco and opana. The injured worker was recommended to undergo a diagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI , lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI(magnetic resonance imaging).

Decision rationale: The request MRI, lumbar spine without dye is non-certified. The injured worker complained of low back pain that radiated into his lateral right leg and foot with pain and numbness. Physical examination dated 06/20/2014 reports the injured worker had an upright posture and ambulates with a normal gait. The MRI revealed the disc replacements appeared stable within the disc spaces. The California MTUS/ACOEM Guidelines note 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The Official Disability Guidelines note repeat MRI is not routinely recommended, and should be reserved for a change in symptoms and/or finding suggestive of significant pathology (eg., tumor infection recurrent disc herniation). There is a lack of documentation indicating the injured worker has significant objective findings upon physical examination indicative of significant neurologic deficit. There is no indication that the injured worker has experienced a change in symptoms indicative of significant pathology. As, such the request for the MRI, lumbar spine without dye is not medically necessary.