

Case Number:	CM14-0161487		
Date Assigned:	10/06/2014	Date of Injury:	04/15/2012
Decision Date:	12/15/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 29 year old female with an injury date of 04/15/12. Based on the treater's progress report dated 08/14/14, the patient presents with back pain that progressed despite conservative treatment. Progress report from 07/22/14, provided by [REDACTED], reveals midline pain at L5-S1 radiating bilaterally, with the left buttock and lateral and posterolateral leg stabbing into heel. The patient complains that her left leg goes numb on sitting. She rates her pain as 10/10 with symptoms that are "constant or worsening." Physical examination of the lumbar spine shows that the extension is 10% of the normal with central low back pain. Flexion is 50% of the normal with central low back pain. There is tenderness over L4-5, L5-S1, Zygoapophyseal joint, and S1 joint. The patient received physical therapy and chiropractic therapy but did not benefit from them. The report also states that the patient received bilateral S1 epidural on 02/28/13 but had no relief from it. She also uses pain medications, NSAIDs, and muscle relaxants, as per progress report dated 07/22/14. She also underwent Transforaminal Epidural Block at left S1 on 09/09/14. MRI of the Lumbar Spine, 10/01/13, as per progress report dated 07/22/14:- Loss of signal intensity of the L5-S1; Mild degeneration of the Zygoapophyseal joints bilaterally; Moderate foraminal stenosis at L5-S1. Radiology Report of the Lumbar Spine, 08/14/14: Lateral view demonstrates limited flexion and extension; Mild narrowing of the L5-S1 disc space. EMG/Nerve Conduction of the Left L5 Paraspinals and Tibialis Anterior, 04/02/14: Chronic neuropathic processes with mild ongoing denervation. Diagnosis on 07/22/14 included the following:- Internally disrupted disc at L5-S1- Centralization- Left L5 radiculopathy. The treater is requesting for Magnetic Resonance Imaging (MRI) of the Lumbar Spine Without Contrast. The utilization review determination being challenged is dated 09/23/14. The rationale was "the patient's recent physical exam did not include neurological deficits and there is

insufficient evidence of significant change in the condition." Treatment reports were provided from 04/02/14 - 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2014-Low Back, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, MRIs (magnetic resonance imaging) (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: The patient presents with midline pain at L5-S1 radiating bilaterally, with the left buttock and lateral and posterolateral leg stabbing into heel, as per progress report dated 07/22/14. The request is for Magnetic Resonance Imaging (MRI) of the Lumbar Spine Without Contrast.ACOEM Guidelines, chapter 8, page 177 and 178, state "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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit.In this case, the patient received an MRI of the lumbar spine on 10/01/13 which revealed loss of signal intensity of L5-S1 along with moderate foraminal stenosis at L5-S1. The most recent physician report dated 08/14/14 states that "the pain progressed despite conservative treatment." It also states that "EMG/NC studies now show permanent nerve damage in her left leg. She did not have this prior to this time." However, review of the EMG does not show acute denervation but only chronic neuropathic process that was likely present at the time of prior MRI. Routine updates of MRI's are not required to check the patient's progress. The guidelines support updated MRI's for progressive neurologic changes, significant change in clinical presentation, post-operative evaluation and for new injury/red flags. The requested MRI is not medically necessary.