

Case Number:	CM14-0162174		
Date Assigned:	10/07/2014	Date of Injury:	04/29/2010
Decision Date:	11/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in 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 59 year old male who sustained injuries to his low back, neck, and right shoulder after falling from a bicycle 4-20-2010. An MRI scan of the low back from 2010 was said to show discogenic disease at L5-S1 with facet hypertrophy. He is said to be experiencing worsening right low back pain that occasionally radiates to the right buttocks and into the right first and fifth toes. Recent physical examinations have revealed diminished lumbar range of motion, diminished sensation to the right calf, right lateral foot and lateral thigh. Lower extremity strength is said to be normal. The lower extremity reflexes are absent but that is said to be a chronic finding. The injured worker had medial branch blocks at L3, L4, and L5 with 70% relief and subsequently had radiofrequency ablation at those same levels with no relief. A right sided L5 epidural steroid injection provided 20-30% relief for one week only. The diagnoses include chronic pain syndrome, L5 spondylosis without myelopathy, degeneration of a lumbar intervertebral disc, and thoracic outlet syndrome. The injured worker has been evaluated by numerous specialists and has had a multitude of interventions. A note from the utilization review physician confirms that no surgical procedures are being planned with regard to the back.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, MRIs (magnetic resonance imaging)

Decision rationale: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). In this circumstance, there is no evidence that there has been a significant change in symptoms with regard to potential neurocompression and there is no indication that back surgery is being planned in the near future. However, the guidelines do allow for a repeat MRI scan when there is a significant change in symptoms. In this instance, the injured worker is complaining of worsening back pain and worsening numbness which is likely suggestive of significant compressive pathology. We do not have examination findings to correlate to the most recent MRI from 2011 and we do not even have a hard copy of those MRI results. Therefore, an MRI scan of the lumbar spine is medically necessary in this instance.