

Case Number:	CM14-0175979		
Date Assigned:	10/29/2014	Date of Injury:	07/21/2003
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This 58-year old male patient had a date of injury on 7/21/2003. In a progress noted dated 9/16/2014, the patient continues to have low back pain that radiates down left lower extremity. He feels he is having more pain that has been gradually worsening, and he is also experiencing more weakness. On a physical exam dated 9/16/2014, lumbar spine reveals tenderness to palpation at lumbosacral junction with associated muscle tension extending into the mid back. Range of motion of lumbar spine is decreased by 60% with flexion, 80% with extension and 50% with rotation bilaterally. Sensations were decreased to light touch along the left dorsal foot and left calf compared to the right lower extremity. Motor strength is decreased with left leg dorsi flexion and left leg extension and left hip flexion compared to the right lower extremity. The diagnostic impression shows sciatica, postlaminectomy syndrome lumbar 2/21/2006, and degeneration of lumbar disc. Treatment to date: medication therapy, behavioral modification, Functional restoration program, lumbar spine surgery, Cognitive behavioral therapy. A UR decision dated 9/25/2014 denied the request for magnetic resonance imaging (MRI) of lumbar spine, stating that there are no documented changes that would require repeating the scan, particularly prior to some attempt at treatment for a pain exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-304.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, in a progress report dated 9/16/2014, there was no discussion regarding failure of conservative treatment methods for the patient's exacerbation of pain. Furthermore, plain films were not located in the documentation provided, and prior magnetic resonance imaging (MRIs) as well as findings from these reports were not discussed and compared to any evidence of objective changes in the physical examination dated 9/16/2014. Therefore, the request for MRI lumbar spine was not medically necessary.