

Case Number:	CM14-0180629		
Date Assigned:	11/05/2014	Date of Injury:	05/18/2011
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 years old male who had a work injury dated 5/18/11. The diagnoses include lumbalgia and lumbar radiculitis. Under consideration are requests for MRI Lumbar Spine. There is a 9/26/14 progress note that states that the patient states that on July 24 of this year, he re-injured his lower back. He recalls that the day was very hot and he recalls that he constantly had to re-hydrate himself. He states that after performing his usual tasks, he felt "tight all over". He went home and when he tried to get up the following day, he felt a sharp pain in his back with shooting pain into his left leg. He also reports that there was numbness on the front of the leg into the right groin as well as down the back of the left leg. He states that the tingling felt as if "he put a finger in an electric socket". He has been trying to do exercises and continuing with a home exercise program that he was instructed on in his previous physical therapy. The patient denies any focal changes. The patient states he feels slightly weak on his left leg. He denies any changes in his bowel or bladder habits. The patient presents today for a consultative evaluation. The patient states that his pain is constant and will vary depending on the activity from a 5/10 to an 8/10, described as a sharp pain. Standing in a certain way while twisting will exacerbate his symptoms. Stretching and doing his home exercises are relieving factors. He states that initially when he started to have symptoms in July, walking was hard to tolerate but now, walking is not as bad. The patient denies any other pain complaints. Lumbar spine flexion is limited at approximately 60 to 70 degrees with endpoints of pain. Lumbar spine extension is at 10 to 15 degrees with endpoints of pain. There is focal point of tenderness in the left lumbosacral and the left low paralumbar musculature. There is a palpable tightness noted in the left greater than right paralumbar muscles. Straight leg raise testing is positive on the left, negative on the right. Deep tendon reflexes are equal and symmetric throughout the bilateral upper and lower extremities.

The motor exam reveals 5/5 strength throughout the right lower extremity, 4+/5 strength throughout the left lower extremity. There is 5/5 strength throughout the bilateral upper extremities, proximally and distally. The sensory exam reveals dysesthesia on the lateral aspect of the left lower extremity; otherwise, the rest of sensory examination is intact. The patient ambulates in a grossly symmetric fashion. He is not utilizing an assistive device. He has fair gait velocity. The patient has not had an MRI for several years. He needs an updated study to assess for any spinal pathology.

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 Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- MRIs (magnetic resonance imaging)

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and ODG Guidelines. The MTUS ACOEM guidelines state that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology or red flag. The documentation does not indicate a red flag diagnoses or significant pathology. The patient states that ambulating has improved since he had a reinjury in July of 2014. The request for MRI of the lumbar spine is not medically necessary.