

Case Number:	CM14-0185269		
Date Assigned:	11/13/2014	Date of Injury:	10/20/2000
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 52 year old male with an injury date of 10/20/00. The 10/20/14 report states that the patient presents with pain in the posterior aspect of the lower leg with numbness and tingling distally to his calf with limited range of motion in the left hip and tightness. Examination of the lumbar spine shows "tender lumbar muscles" with positive straight leg raise left and right. The patient's diagnoses include: 1. Sciatica 2. Backache The utilization review being challenged is dated 10/27/14. Two reports were provided dated 07/04/14 and 10/20/14.

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 without Contrast (Bilateral): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI Topic

Decision rationale: The patient presents with pain in the "posterior aspect of the lower leg with numbness and tingling to the lower calf". The treater requests for MRI of the lumbar spine

without contrast. ODG guidelines Low Back Chapter MRI Topic, state that, "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, recurrent disc herniation)." The treater states that the patient's lower back symptoms have flared-up 2-3 times per year since the injury and again flared-up on 08/09/14 "without discrete injury." The treater also states that more information is needed about the lumbar spine and that symptoms are concerning for a herniated nucleus pulposus and that the request is to evaluate for this condition. In this case, the patient has chronic lower back pain and pain in the "lower leg down to the calf" and is documented to have "positive straight leg raise" bilaterally. A review of the reports does not mention any prior MRI's. There are no prior MRI reports and the treater does not mention any but the UR letter references an MRI from 2007. Given the patient's persistent pain with significant radicular symptoms, a set of MRI of L-spine appears reasonable at this juncture. The request is medically necessary.