

Case Number:	CM14-0090189		
Date Assigned:	07/23/2014	Date of Injury:	02/20/2009
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 62-year-old male who has submitted a claim for lumbar herniated nucleus pulposus at L4-L5 with grade 1 spondylolisthesis and instability, herniated nucleus pulposus at L5-S1, bilateral lower extremity L5-S1 radiculopathy, facet hypertrophy L4-S1, facet arthropathy at C5-C6 and C6-C7, bilateral upper extremity C6-C6 radiculopathy, and bilateral plantar fasciitis associated with an industrial injury date of February 20, 2009. Medical records from 2013-2014 were reviewed. The patient complained of continuous and severe low back pain, rated 8/10 in severity. The pain radiates to the bilateral lower extremities with associated numbness, tingling, and spasms. Physical examination showed a slow a guarded gait. There was limited range of motion of the lumbar spine. Braggard's, Bowstring, and straight leg raise test were positive. Sensory deficit was noted over the bilateral S1 dermatomes. Motor strength was 4/5 at the bilateral gastrocnemius and peroneus longus muscle groups. Deep tendon reflex was 1+ bilaterally at L4 and S1. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated May 22, 2014, denied the request for MRI lumbar because there was no documentation of progressively worsening neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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 Chapter, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the lumbar spine is recommended 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. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI was requested to rule out disc pathology and protrusion. In the recent clinical evaluation, the patient still complains of low back pain radiating to the lower extremity. There was worsening of symptoms noted with decreased sensation, motor strength, and positive special orthopedic tests. Progress report dated April 4, 2014 state that the patient has failed 24 visits of physical therapy, medication usage and home exercise program. MRI is a reasonable diagnostic option at this time. Therefore, request for MRI Lumbar is medically necessary.