

Case Number:	CM14-0098579		
Date Assigned:	07/28/2014	Date of Injury:	01/21/2013
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old male who was injured on 1/21/2013 involving his lower back, left knee, and left foot. He was diagnosed with lumbar disc disease, lumbar facet hypertrophy, and lumbar radiculitis. He was treated with physical therapy and medications. MRI of the lumbar spine was completed on 7/20/13 which showed disc dessication at L2-L3 down to L5-S1 with associated loss of disc height at L2-L3 and 1- 1.5 mm disc bulges at L2-L3, L3-L4, and L4-L5 with associated hypertrophy of lumbar facets. On 5/19/14, the worker was seen by his new primary treating physician for an initial visit complaining of moderate pain in his low back and radiates to bilateral knees rated at an 8-9/10 on the pain scale. He also reported tingling and weakness in the legs, but no bladder or bowel problems. Physical examination revealed tenderness to palpation and spasm of the lumbar paravertebral muscles, straight leg raise test producing only back pain, normal strength of both lower extremities, and normal sensation to light touch throughout the lower extremities. EMG/NCV studies were then recommended along with a repeat lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(Magnetic Resonance Imaging) of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)-Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, the physical examination from 5/19/14 by his primary treating physician did not reveal significant findings that would suggest a neurologic compromise, however, the worker's subjective report suggests that he indeed has radiculopathy (tingling, etc.). This would warrant EMG/NCV testing as was recommended at the same time of the MRI request. These tests should be done one at a time, in case the EMG/NCV testing should not confirm lumbar radiculopathy, the MRI would then not be justified. Therefore, the MRI of the lumbar spine requested before the EMG/NCV results were known is not medically necessary.