MAXIMUS Federal Services

Case Number:	CM14-0213301		
Date Assigned:	12/30/2014	Date of Injury:	04/16/2003
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 58year old woman with a work related injury dated 4/16/13 resulting in chronic pain of the low back. She was evaluated by the primary provider on 11/03/14 and 11/24/14. She continued to complain of low back pain with radiculopathy and spondylolisthesis. Previous treatment has included physical therapy and TENS therapy and multiple types of oral analgesic medications including lyrica/gabapentin and elavil. The plan of care on 11/24/14 notes that an updated MRI of the lumbar spine is being ordered before surgical intervention of the lumbar spine. On 9/8/14 the documentation notes a previously abnormal nerve conduction study and the physical exam shows absent reflexes at the ankles. The patient had nerve conduction studies done on 1/22/14 with a diagnostic impression of sensory motor peripheral neuropathy of the right lower limb with possible right sciatic neuropathy or lumbosacral plexopathy. An MRI was done on 1/30/14 with central canal stenosis at the L3-4 and L4-5 mostly due to facet arthropathy and ligamentum flavum hypertropthy. There was a stable anterolisthesis at L4-5 with a probable annular dic tear at L5-S1. The MRI results were not significantly changed since the prior study. The diagnosis includes lumbar strain and spondylolisthesis at L4-5 with right radiculopathy. Under consideration is the medical necessity of a Lumbar MRI which was denied during utilization review dated 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the ACOEM chapter on low back pain, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. In this case the patient had abnormal neurologic findings of the lower extremities on physical exam with abnormal nerve conduction studies and a previous MRI of the spine showing stenosis of the lumbar spine. She has failed conservative care and is now considering surgical intervention. It is medically appropriate to obtain and updated lumbar spine MRI.