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| Case Number: | CM14-0218778 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 12/03/2010 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old male who reported an injury on 12/03/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of left L4-5 laminectomy revision, prior L3-5 laminectomy, and lumbar spondylosis. Past medical treatment consists of surgery, Functional Capacity Evaluation, and medication therapy. On 12/03/2014, the injured worker complained of weakness in the left leg. He also noted pain in the left leg. Physical examination of the lumbar spine revealed range of motion allowed for flexion of 70 degrees with forward reach to mid-shin. There was a positive straight leg raise on the left. Neurologic exam revealed weakness of the left EHL and anterior tibial muscles. Treatment plan is for the injured worker to undergo an MRI of the lumbar spine without contrast. The provider is requesting the MRI to further evaluate source of symptoms. Request for Authorization form was not submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk

Reference, 68th edition, www.rxlist.com, www.odg-twc.com, www.drugs.com,
www.online.epocrates.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine without contrast is not medically necessary. California MTUS/ACOEM Guidelines state for special studies and diagnostic testing, there should be unequivocal objective findings that identify specific nerve compromise on the neurologic examination. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering any imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulge, that are not the source of painful symptoms and do not warrant surgery. The submitted documentation did not provide evidence of objective findings of specific nerve compromise. It was noted on physical examination that there was a positive straight leg on the left. Neurologic exam revealed weakness of the left EHL and anterior tibialis muscle. However, there was no indication of the injured worker not being responsive to treatment or who was a candidate for surgery. Given the above, the request would not be indicated. As such, the request is not medically necessary.