

Case Number:	CM14-0218859		
Date Assigned:	01/08/2015	Date of Injury:	01/18/2010
Decision Date:	05/29/2015	UR Denial Date:	12/09/2014
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

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:

This 41 year old male sustained work related industrial injuries on January 18, 2010. The mechanism of injury was not described. The injured worker subsequently complained of low back pain. The injured worker was diagnosed and treated for low back pain, status post lumbar spine surgery, (microdisectomy), multi-level disc protrusions, radiculitis of right lower extremity/neuropathic pain and right L4 neuritis. Treatment consisted of diagnostic studies, radiographic imaging, multiple MRI of lumbar spine, prescribed medications, consultations and periodic follow up visits. Per treating provider report dated November 18, 2014, the injured worker reported increasing pain in his lower back with increasing numbness and tingling down the right lower extremity to the L5 nerve root distribution. Objective findings revealed positive tenderness in the paralumbar musculature with muscle spasms and some decrease range of motion and pain with lumbar spine. Documentation also noted positive straight leg raises, diminished sensation at L5 nerve root distribution. The provider recommended a repeat x-ray and MRI of the lumbar spine for repeat lumbar spine surgery with decompression and fusion. As of November 18, 2014, the injured worker's work status remains temporarily totally disabled unless semi sedentary work can be accommodated. The treating physician prescribed services for MRI lumbar spine without dye now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography Indications for Imaging -- Magnetic resonance imaging.

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

Decision rationale: The request for an MRI of the lumbar spine without dye is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included documentation noted that the injured worker had increased pain in the lower back with increased numbness and tingling down the right lower extremity to the L5 nerve root distribution. There is positive tenderness to palpation over the paralumbar musculature with spasm and some decreased range of motion and pain with the lumbar spine. Positive straight leg raise and diminished sensation at the L5 nerve root distribution. The injured worker had a previous MRI of the lumbar spine. There was no rationale provided for a repeat MRI. As such, medical necessity has not been established and the request is not medically necessary.