

Case Number:	CM15-0016927		
Date Assigned:	02/05/2015	Date of Injury:	03/31/2008
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/29/2015

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:

The injured worker is a 66 year old male, who sustained an industrial injury on 03/31/2008. He has reported low back pain and neck pain. The diagnoses have included lumbar disc syndrome, lumbar stenosis, lumbar radiculopathy, cervical disc herniation, and cervical stenosis. Treatment to date has included medications, chiropractic sessions, and surgical intervention. Currently, the injured worker complains of constant low back pain and weakness in his lower extremities; episodes of buckling in both legs; and neck pain. A treating physician's progress note, dated 12/16/2014, reported objective findings to include tenderness in the cervical and lumbar musculatures; lumbar range of motion is decreased in flexion and extension; and shuffling gait. The treatment plan included request for an MRI of the lumbar spine to determine the severity of the stenosis. On 12/26/2014 Utilization Review noncertified prescription for MRI Lumbar Spine. The CA MTUS, ACOEM was cited. On 01/22/2015, the injured worker submitted an application for IMR for review of MRI Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with low back pain and weakness in his lower extremities. The request is for MRI LUMBAR SPINE. The RFA provided is dated 12/16/14. Patient diagnosis included, lumbar disc syndrome, lumbar stenosis, lumbar radiculopathy, cervical disc herniation, cervical stenosis and dyspepsia. Physical examination to the cervical and lumbar musculature's revealed tenderness to palpation. Range of motion is decreased in flexion 30-60 degrees and extension 5-25 degrees. Straight leg test is negative for dural irritation. The patient's condition is permanent and stationary and work status is not known. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Per progress report dated 12/16/14, treater states he is requesting an MRI of the lumbar spine to determine the severity of the stenosis. Progress reports do not document any previous MRI of lumbar spine but given the injury from 2008, it is likely that the patient had a prior MRI. The progress reports dated, 07/29/14, 10/23/14 and 11/07/14 state the patient "continues to do his HEP." Per 12/16/14, the patient states, "he continues to go to the gym in an attempt to strengthen his lower extremities." The treater also indicates that the patient has new or worsening of leg strength with buckling of the knee. Given the patient's subjective weakness, an updated MRI of L-spine appears reasonable. The request IS medically necessary.