

Case Number:	CM15-0018011		
Date Assigned:	02/26/2015	Date of Injury:	06/14/2013
Decision Date:	04/14/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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 59-year-old male, who sustained an industrial injury on 6/14/13. The injured worker has complaints of back and radiating right leg symptoms. Complaints of back and leg pain has worsened. He is having more leg cramping at night as well as some numbness that comes and goes. The diagnoses have included L4-5 disc injury; severe foraminal stenosis L4-5 and morbid obesity. According to the utilization review performed on 1/5/15, the requested MRI Lumbar w/o Contrast has been modified to MRI Lumbar without contrast for surgical planning. California Medical Treatment Utilization Schedule (MTUS) (low back) Treatment Guidelines was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar w/wo Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient presents with unrated lower back pain, which radiates into the right lower extremity. The patient's date of injury is 06/14/13. Patient is status post right sided L5-S1 transformational ESI on 11/05/13. The request is for MRI LUMBAR WITHOUT CONTRAST. The RFA is dated 12/04/14. Physical examination dated 12/02/14 reveals limited range of motion to the lumbar spine, positive straight leg raise test on the right side, and decreased sensation along the L4 dermatome distribution on the right side. The patient is currently prescribed Ibuprofen, Flexeril, and Tramadol. Diagnostic imaging pertinent to this request was not included. Patient is currently temporarily totally disabled. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, the treater is requesting an MRI of the lumbar spine without contrast, the request appears reasonable. Review of the reports provided do not indicate that this patient has had a lumbar MRI performed to date. Progress report dated 12/02/14 documents radicular pain, and neurological findings including decreased sensation along the L4 dermatome of the right lower extremity. Furthermore, it appears the utilization review dated 01/05/15 certified this request with modifications specifying preoperative planning. Given the lack of previous imaging and unequivocal neurological findings, MRI imaging is substantiated. Therefore, the request IS medically necessary.