

Case Number:	CM15-0118740		
Date Assigned:	06/29/2015	Date of Injury:	12/24/2008
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: Preventive Medicine, Occupational 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 63 year old male who sustained an industrial injury on 12/24/08. The diagnoses have included multilevel lumbar disc degeneration most severe at L4-L5 with 4-5 millimeter disc protrusion and severe bilateral foraminal narrowing, L5-S1 (sacroiliac) 6 millimeter with paracentral disc extrusion with moderate-to-severe left and severe right foraminal narrowing; status post L4-L5 and L5-S1 (sacroiliac) laminectomy in August 2009 and right L5 and S1 (sacroiliac) acute radiculopathy and left L5-S1 (sacroiliac) nerve root involvement. Lumbar MRI (11/14/12) showed changes from prior L4-5 and L5-S1 laminectomy and with progressive L5-S1 disc bulge. Treatment to date has included surgery (2009), lumbar epidural steroid injections, acupuncture, a electromyography/nerve conduction velocity study on 7/7/11 which showed right L5 and S1 (sacroiliac) acute radiculopathy and left L5-S1 (sacroiliac) nerve root involvement, and medications. Provider progress note dated 3/15/15 the injured worker complained of continued worsened back pain and bilateral lower extremity radicular pain with left leg becoming more numb and experiencing weakness. He had difficulty with ambulation. The patient was pending evaluation for surgery. Examination showed decreased lumbar range of motion, lumbosacral tenderness, decreased sensation is L5 and S1 dermatomes and slight muscle weakness right peroneus longus and left extensor hallucis longus, and bilateral positive straight leg tests. The request was for magnetic resonance imaging (MRI) of the lumbar spine.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags," that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care. There has been a change in the patient's signs and symptoms since the last lumbar MRI was accomplished (2012) and further surgery is being considered. The exam is specific for nerve compromise. A repeat MRI to better define the injured worker's lumbar anatomy is an appropriate study to request at this time as it may direct further care. Medical necessity for this procedure has been established. The request is medically necessary.