

Case Number:	CM15-0119551		
Date Assigned:	07/06/2015	Date of Injury:	07/06/2013
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 38-year-old male who sustained an industrial injury on 07/06/2013. Mechanism of injury occurred while pulling out an order of windshields. Diagnoses include sciatica, and neuralgia or neuritis of the sciatic nerve. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and acupuncture. On 10/04/2013, a lumbar Magnetic Resonance Imaging was done and showed L4-5 and L5-S1 disc desiccations and bulging with no nerve impingement. He is not working due to his employer cannot accommodate modified work duty. His current medication is Methocarbamol. A physician progress note dated 05/28/2015 documents the injured worker complains of low back pain that is constant and increased with activity. On examining, there is pain to palpation over the left lumbar paraspinous region. Range of motion is limited. Lasegue's straight leg raising sign is positive on the left. The treatment plan includes a neurosurgical evaluation. Treatment requested is for a MRI of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

Decision rationale: California MTUS guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this patient's case, his symptoms do not appear to have changed significantly since the prior MRI. There is no evidence in the documentation provided of any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a repeat MRI study. Likewise, this request is not considered medically necessary.