

Case Number:	CM15-0176260		
Date Assigned:	09/28/2015	Date of Injury:	05/04/2012
Decision Date:	11/03/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 47-year-old male who sustained an industrial injury May 4, 2012. Diagnoses are lumbar displaced intervertebral disc-herniated nucleus pulposus; lumbar post laminectomy syndrome; unspecified drug dependence. He is status post L3-L4 and L4-L5 bilateral hemilaminectomy, medial facetectomy and discectomies for right L3 and L4 radiculopathy July 2013. According to a treating physician's office notes dated July 28, 2015, the injured worker presented with unchanged chronic back pain and radiating right leg pain. He reported when he stretches his right piriformis, his leg weakness is improved on the right. He ambulates with a cane and has had no falls. He reports reducing his Valium to one pill per day. Physical examination revealed; straight leg raise bilaterally 45 degrees was pain-free; piriformis stretching improves the tibialis anterior, toe extensors, and toe flexor strength from 4 out of 5 to full strength; bilateral patella and Achilles reflexes were 2 with toes down going; there is one beat of clonus on the right and two on the left. Treatment plan included a notation that he is scheduled for a medical functional restoration evaluation; prescribed medication and at issue a request for authorization dated July 28, 2015, for an MRI Neurography, lumbar spine. According to utilization review dated August 8, 2015, the request for an MRI Neurography of the lumbar spine in non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neurography of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MR neurography.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI neurography of lumbar spine is not medically necessary. MR neurography is under study. MR neuropathy may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are status post L3 - L4 and L4 - L5 bilateral hemi-laminectomy, medial facetectomy and discectomy for right L3 and L4 radiculopathy; chronic pain syndrome with reactive depression. Date of injury is May 4, 2012. Request authorization is July 30, 2015. According to a January 12, 2015 progress note, injured workers last visit was February 26, 2013. The documentation indicates the injured worker had an MR neurography. The findings were most likely incidental and not an explanation of present symptoms. There was no hard copy of the report. An MRI lumbar spine was performed on October 3, 2014 that showed postsurgical changes. According to a June 5, 2015 progress note, the treating provider indicates the injured worker needs an MRI neurography. According to a July 28, 2015 progress note, subjectively there is no change in chronic low back pain symptoms. Leg weakness has improved. There is no detailed neurologic examination. There were no clear objective findings on physical examination to support piriformis syndrome. There is no documentation of failed conservative treatment including steroids, local anesthetics. According to the guidelines, MR neurography is under study. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear objective findings on physical examination to support piriformis syndrome, no hardcopy of the prior MRI neurography from February 2013 and no documentation indicating how the proposed study will influence the injured worker's treatment, MRI neurography of lumbar spine is not medically necessary.