

Case Number:	CM15-0177881		
Date Assigned:	09/28/2015	Date of Injury:	07/17/2014
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This is a 45 year old female whose date of injury was July 17, 2014. She reported an injury to her low back after a fall. X-rays revealed L4-L5 disc herniation. Medical documentation on 8-13-15 indicated the injured worker received an orthopedic evaluation. She was treated for lumbar sprain-strain and lumbar facet syndrome with right-sided S1 radiculopathy. She reported very severe back pain with radiation of pain to the right lower extremity mostly to the level of the ankle. She had associated numbness and tingling in the ankle. Her medications included Tramadol, stool softeners, Prilosec, ibuprofen and Flexeril. She reported that she had some difficulty in performing her activities of daily living. Objective findings included normal sensation at the left thigh, calf and feet with decreased sensation at the right thigh, calf and feet. Manual muscle strength was normal in the extensor hallucis longus and anterior tibialis muscles. Her lumbar spine active range of motion was not documented. She had positive left straight leg raise at 80 degrees, flexion to 40 degrees, internal rotation on the left at 30 degrees, and external rotation on the left at 40 degrees. An epidural steroid injection on 5-19-15 provided complete relief for one day. She had physical therapy without benefit. She had a session of chiropractic therapy which provided tremendous relief (8-6-15). On 8-6-15 an undated MRI is documented as revealing mild L4-L5 degenerative changes with broad-based disc bulge protrusion of 2 to 3 cm of mild to moderate bilateral lateral recess stenosis compressing and traversing L5 nerve roots. A request for authorization for outpatient MRI of the lumbar spine was received on August 27, 2015. On September 3, 2015, the Utilization Review physician determined outpatient MRI of the lumbar spine was not medically necessary based on the CA MTUS ACOEM and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar MRI (magnetic resonance imaging): Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse weakness with intact sensation and reflexes. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic July 2014 injury have not adequately demonstrated the indication for repeating MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Outpatient lumbar MRI (magnetic resonance imaging) is not medically necessary and appropriate.