MAXIMUS Federal Services

Case Number:	CM15-0178540		
Date Assigned:	09/18/2015	Date of Injury:	11/08/2011
Decision Date:	10/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, California
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:

This is a 53 year old male patient who sustained an industrial injury on 11-8-11. The diagnoses include carpal tunnel syndrome, lumbar disc displacement without myelopathy, sciatica, and disorders sacrum. He sustained the injury while moving a large cross with two other individuals. Per the utilization review treatment appeal letter dated 9/10/15, he had complaints of back pain and leg pain. He had worsening of low back pain with radicular symptoms in the right leg. Patient has new onset of radicular symptoms on the right side. Previous physical examination revealed spasm and guarding of the lumbar spine, straight leg raise positive on the right around 50 degrees and negative on the left. Per the visit note dated 7-30-15, he had complaint of chronic low back pain at 6 out of 10. It was noted that walking more than 20-30 minutes aggravates the pain and he has to take a break and rest. The current medications list includes Naproxen Sodium, Pantoprazole, Celexa, Orphenadrine, and Gabapentin. He has had the MRI of the lumbar spine dated 1-14-12 showed a 2mm posterior disc bulge at L4-L5 and a 3mm broad based disc bulge at L5-S1 with evidence of foraminal narrowing and left greater than right subarticular narrowing; lumbar spine MRI dated 5/29/2012 which revealed chronic L3-4 and L4-5 degenerative disc disease, posterior L4-5 and L3-4 spondylosis and no evidence of instability; EMG/NCS dated 3/9/2012 which revealed no evidence of lumbosacral radiculopathy. Work status is modified duty with allowance to sit and stand as needed by pain and no lifting more than 10 pounds. He has no history of lumbar surgery in the past and was authorized to have surgical consultation but requires the updated lumbar MRI for the appointment. Previous treatment includes at least 6 visits of physical therapy with failure to improve and medication. The treatment plan is to review the request for a functional restoration program if he is not a surgical candidate or does not wish to go forward with surgery, continue with non-opioid pain medication, and a lumbar spine MRI. The requested treatment of an MRI of the lumbar spine was not approved on 8-14-15.

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: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15), MRIs (magnetic resonance imaging).

Decision rationale: MRI of the Lumbar Spine. Per the ACOEM low back guidelines 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Per the records provided patient has had the MRI of the lumbar spine dated 1-14-12 showed a 2mm posterior disc bulge at L4-L5 and a 3mm broad based disc bulge at L5-S1 with evidence of foraminal narrowing and left greater than right subarticular narrowing; lumbar spine MRI dated 5/29/2012 which revealed chronic L3-4 and L4-5 degenerative disc disease, posterior L4-5 and L3-4 spondylosis and no evidence of instability; EMG/NCS dated 3/9/2012 which revealed no evidence of lumbosacral radiculopathy. Per the cited guidelines Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Per the utilization review treatment appeal letter dated 9/10/15, he had worsening of low back pain with radicular symptoms in the right leg. Patient has new onset of radicular symptoms on the right side. The physical examination revealed spasm and guarding of the lumbar spine, straight leg raise positive on the right around 50 degrees and negative on the left. It is medically appropriate to perform repeat lumbar spine MRI for evaluation of worsening pain and new onset of radicular symptoms. The request of MRI of the lumbar spine is medically appropriate and necessary for this patient at this juncture.