

Case Number:	CM15-0179667		
Date Assigned:	09/21/2015	Date of Injury:	12/31/2003
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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:

The injured worker is a 65 year old male, who sustained an industrial-work injury on 12-31-03. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar sprain-strain, radiculitis, disc protrusion at L4-5 and L5-S1. Treatment to date has included medication. Currently, the injured worker complains of worsening low back pain with weakness along with numbness into the bilateral lower extremities. Per the primary physician's progress report (PR-2) on 7-31-15, exam noted muscle guarding, spasm, positive straight leg raise with radicular symptoms, decreased range of motion, motor strength, deep tendon reflexes. The Request for Authorization on 7-31-15 requested service to include 1 MRI of lumbar spine. The Utilization Review on 8-31-15 denied the request due to no significant change in symptoms or findings suggestive of significant pathology or not responding to treatment, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004 and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) MRI (magnetic resonance imaging)'s.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs.

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

Decision rationale: Based on the 7/31/15 progress report provided by the treating physician, this patient presents with worsening lumbar spine pain/weakness, decreased range of motion, and increased radicular numbness/tingling to the bilateral lower extremities, right > left rated 8-9/10 on VAS scale. The treater has asked for 1 MRI of lumbar spine on 7/31/15. The request for authorization dated 7/31/15 provided the diagnoses of sprain of lumbar, thoracic or lumbosacral neuritis or radiculitis, and spondylolisthesis. The patient ambulates with one crutch favoring the right lower extremity per 7/31/15 report. The patient has increased difficulties with activities of daily living including bathing, dressing, cooking, and cleaning per 7/31/15 report. The patient is unable to take pain medications due to heart condition per 7/31/15 report. The patient has continued low back pain radiating to the back of bilateral thighs with prolonged sitting, such as driving per 5/6/15 report. The patient's work status is permanent and stationary per 7/31/15 report. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "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." ODG Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The treater does not discuss this request in the reports provided. Review of provided medical records show no prior MRI of the lumbar spine. Per requesting 7/31/15 report, the patient has a positive straight leg raise bilaterally, right > left with radicular symptoms on the L5-S1 nerve root distribution as well as decreased sensation in right L5-S1 dermatomes, grade 4-5 muscle weakness in right L5/EHL and right S1 peroneus, and deep tendon reflexes 1+ in the right S1. The treater also documents worsening tingling/numbness to the lower extremities. ODG recommends MRI for progressive neurological deficit and findings suggestive of significant pathology. Therefore, the requested MRI of lumbar spine is medically necessary.