

Case Number:	CM15-0179997		
Date Assigned:	09/21/2015	Date of Injury:	07/12/2013
Decision Date:	10/26/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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:

This injured worker is a 37 year old female, who sustained an industrial injury on 07-12-2013. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. On medical records dated 07-07-2015 and 04-08-2015, subjective complaints were noted as low back pain that radiates to bilateral lower extremities. Pain is associated with tingling and weakness in the right arm, right leg and right foot. The objective findings remained stable and were noted as the lumbar spine range of motion to forward 40 degrees with forward reach to above the knees, extension was 10 degrees and side bending was 20 degrees to the right and the left, rotation was noted as limited. The injured worker underwent MRI of the Lumbar Spine with Flex-Ext on 01-12-2014 revealed congenital central stenosis T12 -L4 with superimposed degenerative stenosis changes at L1-L3 and L4-L5, radial posterior annular tear-L5-S1, L5-S1 focal central disc protrusion, L4-L5 facet hypertrophy narrows lateral recesses encroachment of the transiting nerve roots, L2-L3 and L1-L2 disc protrusion, moderate discogenic spondylosis, mild facet arthrosis, Schmorl's nodes L1-L4, and flattening of the lumbar lordosis. Treatment to date included physical therapy and medication. Current medication was listed as Colace, Naproxen, Tramadol, Omeprazole and Flector Patch. The Utilization Review (UR) was dated 08-15-2015. The UR submitted for this medical review indicated that the request for MRI of the lumbar spine was non-certified.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-MRI.

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

Decision rationale: The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain that radiates to bilateral lower extremities. Pain is associated with tingling and weakness in the right arm, right leg and right foot. The objective findings remained stable and were noted as the lumbar spine range of motion to forward 40 degrees with forward reach to above the knees, extension was 10 degrees and side bending was 20 degrees to the right and the left, rotation was noted as limited. The injured worker underwent MRI of the Lumbar Spine with Flex-Ext on 01-12-2014 revealed congenital central stenosis T12 -L4 with superimposed degenerative stenosis changes at L1-L3 and L4-L5, radial posterior annular tear- L5-S1, L5-S1 focal central disc protrusion, L4-L5 facet hypertrophy narrows lateral recesses encroachment of the transiting nerve roots, L2-L3 and L1-L2 disc protrusion, moderate discogenic spondylosis, mild facet arthrosis, Schmorl's nodes L1-L4, and flattening of the lumbar lordosis. The treating physician has not documented evidence of an acute clinical change since the previous imaging study. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.