MAXIMUS Federal Services

Case Number:	CM15-0096760		
Date Assigned:	05/27/2015	Date of Injury:	03/17/2014
Decision Date:	10/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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:

The injured worker is a 39 year old male, who sustained a work related injury on 3-17-14. The diagnoses have included lumbar spine strain-sprain and radicular complaints. Treatments in the past include home exercises, oral medications, physical therapy, and chiropractic treatments. Medications he is currently taking are Omeprazole, Diclofenac, and Vicodin as needed, Voltaren as needed, Norco, Naproxen and Ibuprofen. In the progress notes dated 3-19-15, the injured worker reports intermittent, moderate low back pain that radiates to the right and left groin and testicles, left greater than right, and up to mid and upper back. Upon physical exam, he has tenderness and increased tone and tenderness over the paralumbar musculature and he has tenderness at the midline thoraco-lumbar junction. He has muscle spasms. He has decreased range of motion in lumbar spine in all directions. He has a positive FABER's sign and sciatic tenderness. Sensory and motor strength are within normal limits. MRI of lumbar spine dated 10-2-14 shows disc desiccation at level L4-5, hemangioma noted at L5 vertebra and disc protrusions L2-3, L3-4, L4-5 and L5-S1 with bilateral neuroforaminal narrowing. He is not working. The treatment plan for this progress note is a request for acupuncture treatments. The Utilization Review, dated 5-5-15, non-certified a request for an MRI of the lumbar spine due to lack of evidence of radicular symptoms because of no neurological exam. The EMG-NCV of the lower extremities was non-certified due to criteria in the CA MTUS guidelines not being met. Per the note dated 4/16/15 the patient had complaints of low back with radiculopathy and numbness and tingling in both legs. Physical examination of the lumbar spine revealed tenderness on palpation, positive Faber test, and muscle spasm. The patient's surgical history includes knee surgery in

2007. The patient had received an unspecified number of acupuncture, chiropractic and PT visits for this injury.

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 Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM low back guidelines cited below "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, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "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, neuro-compression, and recurrent disc herniation)." MRI of lumbar spine dated 10-2-14 shows disc desiccation at level L4-5, hemangioma noted at L5 vertebra and disc protrusions L2-3, L3-4, L4-5 and L5-S1 with bilateral neuroforaminal narrowing. The diagnoses have included lumbar spine strain-sprain and radicular complaints. Per the note dated 4/16/15 the patient had complaints of low back with radiculopathy and numbness and tingling in both legs. There is possibility of neurocompression. Patient has been treated already with medications and physical therapy. At this time an imaging study of the lumbar spine (MRI) is indicated to further evaluate the cause of the persistent neurological symptoms. The request for MRI of the lumbar spine is medically necessary and appropriate for this patient at this time.