

Case Number:	CM15-0097593		
Date Assigned:	05/28/2015	Date of Injury:	12/16/2013
Decision Date:	07/02/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

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 59-year-old female sustained an industrial injury on 12/16/13. She subsequently reported back pain. Diagnoses include chronic low back pain, lumbar degenerative disc disease and lumbar radiculopathy. Treatments to date include MRI, nerve conduction and x-ray testing, acupuncture and prescription pain medications. The injured worker continues to experience low back pain with radiation to the right lower extremity as well as numbness and tingling sensations in her right foot. Upon examination, there is tenderness to palpation over the midline and paralumbar musculature with related myospasm. The range of motion was limited in all planes in the lumbosacral region and in the right leg. Straight leg raise was positive, right greater than left. The treating physician made a request for Magnetic resonance imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

Decision rationale: California MTUS guidelines state, 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. Regarding this patient's case, a lumbar spine MRI was completed in 4/2014, and failed to show any acute pathology. Now, the patient has been reporting ongoing back pain with numbness and tingling in her right foot. A 3/2015 EMG study does show evidence of an acute right L5-S1 radiculopathy. Her straight leg raise test on physical exam is positive bilaterally, but more so on the right side. Decreased sensation to light touch is noted in the L5, S1 distribution on the right on a 3/2015 physical exam. An 11/2014 physical exam had noted normal sensation to pin prick and light touch in the lower extremities. Likewise, this patient has a new neurological deficit on both physical exam and confirmed on an EMG study. Therefore, this request is a repeat MRI is considered medically reasonable and necessary.