

Case Number:	CM15-0098494		
Date Assigned:	05/29/2015	Date of Injury:	06/21/2001
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker is a 59 year old male who sustained an industrial injury on 06/21/2001. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, and epidural lipomatosis with foraminal stenosis, bilateral lower extremity neurogenic claudication, chronic opiate dependency and depression. The injured worker also has a medical history of diabetes mellitus, gastric ulcers, obesity and atrial fibrillation. The injured worker is status post right total knee arthroplasty (no date documented). Treatment to date includes diagnostic testing, psychological evaluation and testing, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 4, 2015 the injured worker continues to experience low back pain radiating to the right lower extremity with numbness around the right knee. The injured worker rates his pain level at 9/10. Examination demonstrated 5/5 strength bilaterally in the iliopsoas, quadriceps, tibialis anterior and toe flexors with positive bilateral straight leg raise. Decreased sensation was noted in the right knee. The injured worker claims MsContin ER 15mg is ineffective and received prescription from another physician. Current medications are listed as MsContin ER, Wellbutrin, Prozac, Xarelto and Klonopin. Urine drug screening dated May 4, 2015 was noted to be positive for opiates and benzodiazepines. Treatment plan consists of new opiate contract with review, urine drug screening, weight loss, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, consider restarting Gabapentin, surgical consideration and the current request for a lumbar spine magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has had an MRI already in the past but the report was not provided. Patient's pain is severe, chronic and unchanged. Another provider in the past has reportedly recommended surgery but no plans for surgery or the actual recommendations were provided for review. Without prior MRI findings or actual recommendations by spine surgery, the request does not meet guidelines. MRI of lumbar spine is not medically necessary.