

Case Number:	CM15-0099280		
Date Assigned:	06/01/2015	Date of Injury:	03/18/2013
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 25-year-old male, who sustained an industrial injury on 3/18/13. The injured worker was diagnosed as having right greater than left lumbar radiculopathy, recurrent falls due to the right leg giving out, and increasing lumbar radicular signs and symptoms. Treatment to date has included right hip arthroscopic labral and chondral debridement and right hip arthroscopic femoroplasty on 3/10/15. Other treatment included physical therapy and medication. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities. The treating physician requested authorization for a MRI of the lumbar spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Lower back - Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: Based on the 4/23/15 progress report provided by the treating physician, this patient presents with severe low back pain radiating to bilateral lower extremities with numbness right > left, right hip/buttock pain, headaches, neck pain, anxiety, blurry vision, balance difficulty. The treater has asked for MRI LUMBAR SPINE WITHOUT DYE QUANTITY: 1 on 4/23/15 "because of increase in radicular pain and symptoms and signs to rule out recurrent disc herniation." The request for authorization was not included in provided reports. The patient is s/p right hip arthroscopic labral and chondral debridement and right hip arthroscopic femoroplasty from 3/10/15. The patient is currently doing physical therapy and his overall condition is improved, especially his hip pain per 4/23/15 report. The patient states that on 4/12/15, the patient felt a popping in his lower back as he stepped out of bed in the morning, which caused weakness and sever pain that almost made him fall per 4/23/15 report. The subsequent pain caused him to be bedridden for a week, and now pain radiates to bilateral lower extremities per 4/23/15 report. The patient also states that numbing sensation is somewhat increased in the right foot, and the left foot also has numbness per 4/23/15 report. The patient is currently using Fentanyl patches, and was given a prescription for Dilaudid and Valium per 4/10/14 report. The patient's work status is temporarily totally disabled per 3/18/15 report. ACOEM Guidelines, chapter 8, page 177 and 178, state "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." ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic) and topic "Magnetic resonance imaging (MRIs)", do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, the patient did undergo an MRI in the past. Lumbar MRI report, dated 12/19/14, revealed "at L4-5 a 3-4mm broad based posterior disc protrusion resulting in bilateral neural foramina narrowing and canal stenosis. Bilateral exiting nerve root compromise is seen. At L5-S1 there is a 3-4mm broad based posterior protrusion without evidence of vanal stenosis or neural foramina narrowing noted." Physical examination of the lumbar spine, as per progress report dated 4/23/15, revealed tenderness, spasm, decreased range of motion, and diminished sensation in the big toe and anterior lateral leg and anterior lateral thigh in L4 and L5 dermatome distribution to light touch, pin prick, and vibration. Although the physical exam results are not significantly different from the prior report on 3/18/15, the treater does document a new injury from a recent fall on 4/12/15, with subsequent worsening radicular symptoms that would warrant an updated MRI. The request IS medically necessary.