

Case Number:	CM14-0141114		
Date Assigned:	09/10/2014	Date of Injury:	05/30/2012
Decision Date:	10/06/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old male with an injury date of 05/30/12. Based on 09/06/13 progress report provided by [REDACTED], patient complains of low back pain rated 7/10. It is located across the waist and radiates up into mid back and down the legs. Physical examination of the lumbar spine shows decreased range of motion with flexion at 40 degrees and extension at 10 degrees. There is tenderness and myospasm to lumbar paraspinal muscles. Straight leg rising is positive at 60 degrees on left with radicular pain into lower extremity. Kemp's test is positive bilaterally. Sensory testing reveals hypoesthesia over L4, L5, and S1 on the left. Reflexes are normal. Per treatment plan in progress report dated 09/06/13, treater requests MRI to establish presence of disc pathology. EMG report dated 01/30/14 states patient is taking NSAIDs. EMG/NCS Lower Extremities 01/30/14 Sensory nerve findings: - Normal study of sensory nerve action potential of bilateral sural, bilateral superficial peroneal and bilateral medial plantar sensory nerves. Motor nerve findings: - Normal study of compound motor action potential of bilateral common peroneal, bilateral tibial, bilateral medial plantar and bilateral lateral plantar motor nerves. EMG findings: - Normal nerve conduction- Normal electromyography
Diagnosis 09/06/13 - lumbar spine sprain/strain with radiculitis, rule out herniated disc [REDACTED] is requesting Open MRI lumbar spine with 3D. The utilization review determination being challenged is dated 08/12/14. The rationale is "there is a significant lack of clinical evidence submitted for review to determine the medical necessity of the requested service." [REDACTED] is the requesting provider, and he provided treatments reports from 08/14/13 - 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI Lumbar spine, with 3D: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Low Back, MRIs (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Patient presents with lumbar spine sprain/strain with radiculitis. The request is for Open MRI Lumbar Spine with 3D. Physical examination performed on 09/06/13 reveals "Straight leg rising is positive on left with radicular pain into lower extremity. Kemp's test is positive bilaterally. Sensory testing reveals hypoesthesia over L4, L5, and S1 on the left. Treater requests MRI to establish presence of disc pathology. ACOEM guidelines, Chapter 12, page 303 states: "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. Indication for imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." Regarding routine use of 3D MRI's, the Health Net National Medical Policy does to support it. This patient presents with radicular pain based on physical examination findings on 09/06/13, which shows neurologic deficit. He has also had an EMG/NCS performed on 01/30/14. An MRI of L-spine appears reasonable but the request is for a 3D MRI. There is yet guidelines support for 3D MRI's being superior to conventional MRI's. Recommendation is for denial.