

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM17-0004344 | | |
| Date Assigned: | 01/11/2017 | Date of Injury: | 10/22/2016 |
| Decision Date: | 02/02/2017 | UR Denial Date: | 01/03/2017 |
| Priority: | Standard | Application Received: | 01/06/2017 |

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: New Jersey

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(n) 57 year old male, who sustained an industrial injury on 10-22-16. The injured worker was diagnosed as having lumbar radiculitis and lumbar sprain. On 11-18-16 the injured worker rated his lumbosacral pain 4-5 out of 10. The treating physician noted a positive straight leg raise test on the right at 65 degrees and right lower extremity weakness. The PR2 dated 12-8-16 indicated lower back and right lower extremity pain. The injured worker reported chiropractic therapy had decreased his pain from 8 out of 10 to 5 out of 10. Objective findings revealed a positive Milgram's and pain along the right sacroiliac joint. As of the PR2 dated 12-21-16, the injured worker reports pain in the neck, lower back and right leg. He rates his pain 6 out of 10 at worst and 3-4 out of 10 at best. Objective findings include lumbar flexion is 40 degrees, extension is 20 degrees, right lateral bending is 20 degrees and left lateral bending is 10 degrees. There is also a positive seated straight leg raise test on the right at 50 degrees and diminished sensation in the right L4 and L5 dermatomes of the lower extremities. Treatment to date has included chiropractic therapy, Tramadol and Ketoprofen. The Utilization Review dated 1-3-17, non-certified the request for a lumbar MRI.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic Chapter (updated 12/20/16), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, although there was recent reporting of persistent low back pain with evidence of a nerve root impingement (positive straight leg raise testing and decreased lower extremity sensation), the record failed to show a completion of a trial of conservative treatments such as physical therapy, including home exercises. Also, a recent report stated the worker seeing benefit from chiropractor treatments. Therefore, until conservative care, which seems to be helping, is fully implemented, this request for MRI of the lumbar spine is not medically necessary.