

Case Number:	CM14-0166473		
Date Assigned:	10/13/2014	Date of Injury:	08/17/2007
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Medicine 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:

This is a 64-year-old male who reported an industrial injury to the left knee and back on 8/17/2007, over seven (7) years ago, attributed to the performance of his usual and customary job tasks. The patient was noted to received trigger point injections and acupuncture treatment to the thoracic and lumbar spine. Patient also takes ibuprofen PRN flareups. The patient complained of dull cramping ache in the mid-thoracic and lumbar spine exacerbated by prolonged sitting. The patient was noted to have had a prior lumbar MRI during 2008 or 2010, which reportedly demonstrated disc bulges. The patient reported that he had received prior lumbar spine ESIs. The patient denied having pain radiating to the lower extremities. It was noted that the patient had a meniscal tear on the left side with stability provided by a cage brace and is received viscosupplementation. The objective findings on examination included tenderness to palpation in the midline it T6 through T8; some tenderness to palpation ongoing in his rhomboids, right more than left; facet signs irritated as pain in the thoracic region bilaterally; exacerbation of pain with extension tenderness to palpation L5-S1. The diagnoses included terror lateral cartilage or meniscus of the knee; primary osteoarthritis unspecified site; sprain/strain of knee and leg; ankle sprain/strain; thoracic sprain/strain. The assessment was that the patient had thoracic spine degenerative disc disease with prior relief by ESIs. The patient was speculated to have lumbar spine degenerative disc disease at L5-S1 with some spondylosis. The treatment plan included a right sided C6-C7 ESI; a repeated MRI of the lumbar spine to evaluate for a middle narrowing at L4-L5; Lidoderm patches; and a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

Decision rationale: The request for the authorization of a repeated MRI of the lumbar spine for the diagnosis of lumbar spine pain from lumbar DDD was not supported with objective evidence on examination by the treating physician as there were no neurological deficits documented and no red flags documented for the reported pain to the back, which did not radiate to the lower extremities beyond the thighs. The patient was ordered a MRI of the lumbar spine to rule out HNP/discopathy as a screening study less without obtaining the actual prior MRI of the lumbar spine for comparison. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention but as a screening study. The patient was noted to have only lower back pain radiating to the thighs without any extension to the lower extremities. The diagnosis is consistent with a musculoligamentous sprain/strain or lumbar spine DDD without evidence of a nerve impingement radiculopathy. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented radiation to the LEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment of a musculoskeletal sprain/strain. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three (3) months of symptoms with demonstrated failure of conservative care. The request for a repeated MRI of the lumbar spine for chronic pain is not demonstrated to be medically necessary.