

Case Number:	CM14-0173792		
Date Assigned:	11/10/2014	Date of Injury:	06/14/2012
Decision Date:	12/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 American Board Internal 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:

The injured worker (IW) is a 43-year-old woman with a date of injury of June 14, 2012. The mechanism of injury occurred after lifting an ice chest of milk weighing about 100+ pounds. She sustained injury to her low back. Pursuant to the progress note dated September 10, 2014, the IW complains of low back pain radiating to the right hip. She experiences locking at night, and pain in the back as well as flashbacks to the accident. She has depression and sadness. Physical examination revealed hypolordosis and muscle spasms of the lumbar spine. There is right sided erector trigger points and right paralumbar and posterior iliac crest tenderness. There is generalized weakness secondary to pain on the right side of the low back. Toe walk and heel walk maneuvers are performed with weakness. Flexion, extension, and right lateral flexion maneuvers demonstrate decrease strength of 4/5 and limitation of motion. Extension caused severe pain, flexion caused moderate pain, and right lateral flexion caused mild pain. Neurologic function was intact. The IW was diagnosed with pain in the thoracic spine, lumbago, cervicalgia, and displaced intervertebral disc without myelopathy. The IW has tried various therapy modalities including anti-inflammatory medications and analgesics, but the pain is persisting. The IW states that she would like a new MRI of the low back because the last MRI was 2 years ago. The provider is recommending epidural steroid injections in an attempt to avoid surgery, and a new lumbar MRI. MRI of the lumbar spine dated September 21, 2012 shows a 2-3 mm circumferential disc bulge at T12-L1 with posterior bony spurring. There is a 3 mm circumferential disc bulge at L4-L5 with mild bilateral neural foraminal narrowing.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back section; MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. The guidelines enumerated the indications for magnetic resonance imaging. The indications include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain, with red flag; and uncomplicated low back pain with radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. ACOEM states that 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. In this case, the injured worker had an MRI September 12, 2012. The medical record in a September 10, 2014 progress note documents the claimant complained of low back pain and the claimant would like a new MRI of the lower back because the last MRI was two years prior. The documentation does not show evidence of significant neurologic findings or progressive neurologic deficit to support a new lumbar magnetic resonance imaging scan. There is limited evidence of ongoing sensory changes and muscle weakness. Additionally, an MRI was performed September 12, 2012 and there are no new significant clinical findings that would warrant or support a repeat MRI. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, MRI lumbar spine (repeat) is not medically necessary.