

Case Number:	CM14-0179900		
Date Assigned:	11/04/2014	Date of Injury:	11/30/2009
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 New Jersey. 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 worker is a 47 year old female who was injured on 11/30/2009. She was diagnosed with low back pain and lumbar degenerative disc disease. She was treated with NSAIDs, opioids, anti-epileptics, lumbar medial branch nerve blocks and radiofrequency ablation, lumbar epidural steroid injection, lumbar facet injections, chiropractor treatments, physical therapy, and H-wave unit. On 10/3/14, the worker was seen by her treating physician for a follow-up complaining of upper and lower back pain, hip pain, as well as numbness of the fingers and cramping of the feet. She reported not being able to do housework at all and is depressed and stressed. Documented physical findings only included decreased lumbar range of motion, and tenderness at L4-L5 and L5-S1 levels bilaterally. She was then recommended to have another lumbar MRI for comparative purposes to see if "things have changed".

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 310. 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, who has chronic pain in her back, a repeat MRI is not likely to provide any assistance with managing her symptoms. There is no documented evidence of nerve compromise and no signs or symptoms of her having a red flag diagnosis or any significant change in her symptoms that might have warranted an MRI of the lumbar spine. Therefore, the lumbar spine MRI is not medically necessary or appropriate in this case.