

Case Number:	CM14-0192150		
Date Assigned:	11/26/2014	Date of Injury:	10/01/2002
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation 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 60 year old female with a work related low back injury dating 10/02/2002. Mechanism of injury is noted as getting in and out of a van, riding in rough terrain, and riding long hours in a truck. According to a progress report dated 10/15/2014, the injured worker presented with complaints having a couple bouts of severe back pain. Diagnoses included chronic low back pain. Treatments have consisted of physical therapy, which she states makes her feel better. According to a progress note dated 05/22/2014, additional treatments included aqua therapy, chiropractic care, acupuncture, and medications. Diagnostic testing included lumbar x-rays which show sacralised L5 body with severe degenerative disc disease. Work status is noted as off work. Physical exams by different physicians were significant for decreased lumbar range of motion and weakness in the right EHL. Straight leg raise was negative. The IW has complaints of low back pain that occasionally radiates to the right buttock and thigh. On 10/27/2014, Utilization Review denied the request for MRI of The Lumbar Spine in High resolution citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines. The Utilization Review physician stated that there are no documented neurologic deficits or findings suggestive of significant pathology to warrant MRI of the lumbar spine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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 in High resolution: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: MRI

Decision rationale: The patient presents with chronic pain affecting the low back with pain into the thigh. The current request is for an MRI of The Lumbar Spine in High resolution. The MTUS guidelines do not address MRI's of the lumbar spine. According to the ODG, MRI's of the low back are "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The treating physician report dated 10/15/14 notes that the patient's range of motion is extremely limited and that her symptoms are getting worse and are not improving with the conservative therapy. Conservative therapy is allowing the patient to feel relief from her pain but is not providing long term improvement of her symptoms. The patient has received conservative therapy for longer than the 1 month and has radicular pain into the thigh. . In this case the treating physician states that the patient's condition is worsening, there is radiculopathy present, there has been no prior MRI and he feels that her condition has significantly changed. Therefore the request is medically necessary.