

Case Number:	CM14-0025447		
Date Assigned:	06/13/2014	Date of Injury:	10/01/2007
Decision Date:	08/05/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Washington. 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 is a 58-year-old female who reported an injury on 10/01/2007 due to an unknown mechanism of injury. The injured worker complained of constant bilateral low back pain with radiation to the back left leg. She describes the pain as sharp, tingling, and burning. She rates her pain an 8/10 on the VAS scoring system. On 01/06/2014, the physical examination revealed that she had no neurological deficits at that time. Based on the documentation provided, it states the injured worker had an MRI in early 2012, but the imaging was not submitted for review. The injured worker had a diagnosis of depression, pain disorder, and anxiety disorder. Past treatment included physical therapy for the shoulder, epidural steroid injections in 2011, and a lumbar discogram in 2012. The injured worker was on the following medications: Cymbalta 30 mg, Lexapro 20 mg, Lunesta 1 mg, Lidoderm patch 5%, Lyrica 50 mg, and Tramadol 50 mg. The current treatment plan is for an MRI of the lumbar spine without contrast. The rationale was not submitted for review. The Request for Authorization Form was dated 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (TABLE 12-8).

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, MRI.

Decision rationale: The request for MRI lumbar spine without contrast is not medically necessary. The injured worker has a history of low back pain. The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies (MRI's) in patients who do not respond to treatment and who would consider surgery an option. The ODG guidelines state that MRI's are the 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 injured worker has no recent documentation of conservative therapy. There were no objective findings of neurologic deficits. In addition, there was no documentation of any significant changes in symptoms. Therefore, the request is not medically supported at this time. Given the above, the request for MRI lumbar spine without contrast is not medically necessary.