

Case Number:	CM14-0026245		
Date Assigned:	06/20/2014	Date of Injury:	01/03/1995
Decision Date:	09/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/01/2014

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 and Rehabilitation, has a subspecialty in Pain 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 is a 61-year-old female, who reported an injury due to continuous trauma on 01/03/1995. On 02/04/2014, her diagnoses included degenerative disc disease L4 through S1. Her complaints included a sharp burning pain of the lumbar spine with numbness radiating down her right leg. The treatment plan included a request for an MRI of the lumbar spine. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs (magnetic resonance imaging).

Decision rationale: The request for updated MRI lumbar spine is not medically necessary. California ACOEM guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was

present before symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. Magnetic resonance imaging (MRI) is specifically not recommended for lumbosacral strain. The Official Disability Guidelines recommend that MRI for uncomplicated low back pain is not recommended until after at least 1 month of conservative therapy. Conservative care includes a self-performed exercise program as an extension of prior physical therapy that includes ongoing back strengthening and flexibility exercises as well as aerobic exercises and recommended appropriate drug therapies, which include trials of antidepressants and/or anticonvulsants in conjunction with analgesics. There was no documentation of this injured worker participating in conservative treatment, including exercise programs and appropriate drug therapies. There was no documentation submitted of this injured worker having had a previous MRI, and the injury occurred almost 20 years ago, so an MRI at this point would not be considered a timely diagnostic tool. The clinical information submitted failed to meet the evidence-based guidelines for MRI. Therefore, this request for updated MRI lumbar spine is not medically necessary.