

Case Number:	CM14-0035906		
Date Assigned:	06/23/2014	Date of Injury:	03/09/2011
Decision Date:	08/08/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 patient is an injured worker with lumbar back condition. Date of injury was 03-09-2011. Pain management evaluation note dated February 3, 2014 was provided by [REDACTED]. Present complaints: Patient presents to the clinic for follow-up low back pain. On a pain scale of 0 to 10, he rates his pain level as 7 to 8 and constant in frequency. He reports that his pain is unchanged from his previous evaluation. Medications have been somewhat helpful in alleviating his pain. Low back pain radiates into the right lower extremity. Physical examination: Straight leg raising test was noted to be positive which produced low back pain. Patrick test and facet loading tests were also noted to be positive. Sensation was noted to be decreased to light touch over the bilateral feet. On strength testing, there was weakness noted in the bilateral lower extremities. There was tenderness to palpation noted over the lumbar paraspinal musculature, and sacroiliac joint. Magnetic resonance scan of the lumbar spine performed 9/24/12 showed levoscoliosis of the lumbar spine. There are degenerative changes of the L4-5 and L5-S1 intervertebral discs. At the level of L4-5, there is a 2.5 mm broad-based posterior disc bulge and there is also hypertrophy of the bilateral ligamenta flava, causing central canal narrowing. At the level of L5-S1 there is a 2.0 mm broad based posterior disc bulge, more prominent to the right side, causing indentation of the right anterior thecal sac. Utilization review dated 02-27-2014 recommended non-certification of MRI of Lumbar spine.

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. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Low Back- Lumbar & Thoracic: MRIs; Bigos, 1999; Mullin, 2000; ACR, 2000; AAN, 1994; Aetna, 2004; Airaksinen, 2006; Chou, 2007.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states: Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false- positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints: Imaging: CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Medical records documented previous MRI of the Lumbar spine 09-24-2012 showing degenerative changes of the L4-5 and L5-S1 intervertebral discs. Progress report 02-03-2014 documented the patient's report of his symptoms: "He reports that his pain is unchanged." There is no documentation that cauda equina, tumor, infection, or fracture are strongly suspected. There is no documentation of recent plain film radiographs. There is no documentation that surgery was being considered. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints recommends consideration for MRI, when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MTUS and ACOEM guidelines and medical records do not support the medical necessity of MRI of Lumbar Spine. Therefore, the request for MRI of the lumbar spine is Not medically necessary.