

Case Number:	CM14-0157552		
Date Assigned:	11/25/2014	Date of Injury:	05/27/2008
Decision Date:	01/16/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Interventional Spine 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 55 year old male who sustained cumulative trauma from 11/16/2009 to 11/16/2010 while performing as a press machine operator. The injured body parts are documented as bilateral knees, bilateral hips, and low back and gastric discomforts. The patient also reports depression, anxiety, difficulty sleeping, acid reflux, bloating, gastric discomfort and intermittent constipation and diarrhea. According to progress report dated 08/25/2014, the patient presents with ongoing low back pain. Physical examination of the lumbar spine revealed palpable tenderness midline in the lumbar. Tenderness was noted in the bilateral paraspinal muscles with the right side greater than the left. Straight leg raise in sitting position was negative. The patient was given a lumbar corset brace to aid with mobility to use during prolonged standing and walking. The provider notes the last MRI of the lumbar spine was on May 6, 2010. This report was not provided for my review. An updated MRI of the lumbar spine is being requested "to rule out neural encroachment." The listed diagnoses are: 1. Lumbosacral strain/arthrosis with central foraminal stenosis 2. Right hip arthrosis and trochanteric bursitis 3. Status post left total knee arthroplasty 03/18/2013 4. Status post right knee total arthroplasty 11/18/2013 5. Psychiatric diagnosis 6. Gastrointestinal complaints 7. Sleep disturbance The request for repeat MRI of lumbar spine was non-certified by utilization review on 09/12/2014.

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 without dye: Upheld

Claims Administrator 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, MRIs

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 Chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient presents with ongoing low back pain. The current request is for MRI of the lumbar spine without dye. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, the ODG guidelines provide a thorough discussion. The ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, there are no new injuries, no significant examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.