

Case Number:	CM14-0181370		
Date Assigned:	11/06/2014	Date of Injury:	02/11/2013
Decision Date:	07/29/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51-year-old male, who sustained an industrial injury on 2/11/13. The injured worker was diagnosed as having lumbar spondylosis and morbid obesity. Treatment to date has included ice application, massage, bracing, the use of a walker, and medication including Ibuprofen, Terocin patches, Percocet, and Ultram ER. Physical examination findings on 10/14/14 included mild to moderate antalgic gait, tenderness to the lumbosacral juncture, tenderness to the sacroiliac region, and painful restricted lumbar range of motion. Straight leg raise was positive on the right, Lasegue's test was positive on the right, and Faber's test was positive on the right. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a MRI of the 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, Low Back (updated 8/22/14), MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the worker's working diagnoses are medial meniscal tear; chondromalacia patella bilateral; chondromalacia knee bilateral; loose body of the knee left; morbid obesity; hypertension; and lumbar spondylosis. The date of injury is February 11, 2013. The bulk of the documentation including an October 3, 2014 progress note references the bilateral knees. In the October 3, 2014 progress note, there is no documentation of lumbar spine pain or objective findings of the lumbar spine. In a progress note dated October 14, 2014, the documentation demonstrates intractable knee pain that radiates to the low back. Objectively, the injured worker uses a walker. Lumbar spine is tender to palpation. There is tenderness over the SI joints and positive straight leg rising. There are no unequivocal objective findings identify specific nerve compromise to warrant MRI imaging. There is no clinical rationale in the medical record for MRI of the lumbar spine. Consequently, absent clinical documentation with unequivocal objective findings that identify specific nerve compromise and a clinical rationale for an MRI lumbar spine, MRI of the lumbar spine is not medically necessary.