MAXIMUS Federal Services

Case Number:	CM14-0189225		
Date Assigned:	11/17/2014	Date of Injury:	02/01/2001
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 63 year old who was injured at work on 02/01/2001. The injured worker is reported to be complaining of considerably worsening low back pain. The pain radiates down the thigh to just below the knee, but not into the foot. The physical examination revealed limited range of motion of the lumbar spine. The remaining examination was unremarkable. The Lumbar magnetic resonance imaging (MRI) of 02/13/14 revealed a new finding of mild disc protrusion at T10 to T1 through T12 to L1 compared to the Lumbar MRI of 10/3/13; however, there was stable contact of the bilateral exiting L3 nerve root, and bilateral exiting L4 nerve roots, and right exiting nerve root L5 nerve root at the level of the far lateral recess; stable moderate disc height loss, and endplate degenerative changes at all levels throughout the lumbar spine; stable moderate facet arthropathy at L3 to L4, L4to L5, and L5 to S1. The worker has been diagnosed of severe discogeic disease, facet arthrosis, abnormal MRI, unspecified backache, myalgia and myositis, spasms of muscles. Treatments have included chiropractic care, massage, transcutaneous electrical nerve stimulation, physical therapy, yoga, Acupuncture, Alprazolam, and Hydrocodone-Acetaminophen. At dispute is the request for MRI (Lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (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, MRIs (magnetic resonance imaging)

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

Decision rationale: The injured worker sustained a work related injury on 02/01/2001. The medical records provided indicate the diagnosis severe discogeic disease, facet arthrosis, abnormal magnetic resonance imaging (MRI), unspecified backache, myalgia and myositis, spasms of muscles. Treatments have included chiropractic care, massage, transcutaneous electrical nerve stimulation, physical therapy, yoga, Acupuncture, Alprazolam, and Hydrocodone-Acetaminophen. The medical records provided for review do not indicate a medical necessity for MRI (Lumbar spine): The California Medical Treatment Utilization Schedule (MTUS) recommends against indiscriminant imaging in order to avoid finding false-positive results like, disk bulges that are not the source of painful symptoms and do not warrant surgery. The guidelines recommends that MRI should be reserved for cases requiring surgery in whom unequivocal objective findings identifying specific nerve compromise was found on the neurologic examination in patients who do not respond to treatment . The records indicate the injured worker has had two Lumbar MRI studies within the past two years; the recent examination did not provide any red sign finding that could have necessitated ordering a new MRI. Therefore, the requested test is not medically necessary and appropriate.