

Case Number:	CM14-0193372		
Date Assigned:	12/01/2014	Date of Injury:	09/01/2011
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 injured worker (IW) is a 58-year-old woman with a date of injury of August 22, 2010. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 2, 2014, pertaining to the lumbar spine, the IW complains of constant pain in her lower back, which she describes as aching. She rates her pain as 8/10 on a numeric rating scale of 0-10. She also complains of numbness and tingling in both legs. The pain is relieved with rest and activity modifications. She is taking Motrin 800mg for pain and inflammation. Objective physical findings pertaining to the lumbar spine revealed negative straight leg raise test bilaterally in the supine position. Reflexes for the knees, ankles and hamstrings are normal bilaterally. The IW has no loss sensation, abnormal sensation or pain in all planes corresponding to the lumbar dermatomes. There is active movement against gravity with full resistance in all planes corresponding to the lumbar myotomes. There is slight paraspinal tenderness over the lumbar paraspinals. The IW has been diagnosed with cervical spine strain, rule out disc disease; lumbar spine sprain/strain, rule out disc disease; right shoulder impingement syndrome per history; right elbow medial epicondylitis; depression/stress, and bilateral carpal tunnel syndrome per history. The IW had an MRI of the lumbar spine dated November 30 2011 with the following impression: Straightening of the lumbar spine seen likely due to muscle spasms, correlate clinically. Disc desiccation is noted at L5-S1 level. Restricted range of motion in flexion and extension positions. L2-L3, L3-L4, L4-L5, and L5-S1 diffuse disc protrusion. Hypertrophy of facet joints noted. Nerve roots were unremarkable. The treating physician is requesting repeat MRI of the lumbar spine to rule out disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary. MRIs of the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit is present. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. See guidelines for additional details. Indications for magnetic resonance imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain, suspicion of cancer, infection or other red flags; and uncomplicated low back pain with radiculopathy after at least one month conservative therapy sooner if severe or progressive neurologic deficit. See guidelines for additional details. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome per patient history; lumbar spine sprain/strain rule out disc disease; cervical spine strain rule out disc disease; and right shoulder impingement syndrome per patient history. The injured worker had an MRI of the lumbar spine November 30 of 2011. The impression showed straightening of the lumbar spine likely due to muscle spasm, Carly clinically disk desiccation L5 - S1; L2-L3 diffuse disc protrusion; L3 L4 diffuse disc protrusion; L4-L5 diffuse disc protrusion at L5 S1 diffuse disc protrusion. See MRI report page 31 of the medical record for additional details. A progress note dated October 2, 2014 reflects slight paraspinal tenderness over the lumbar spine region. Straight leg raising was negative bilaterally, reflexes were normal, there is no loss of sensation or motor function. The guidelines state "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The documentation indicates there is no significant change in symptoms or clinical findings suggestive of significant pathology. Consequently, MRI lumbar spine not medically necessary.