

Case Number:	CM14-0193655		
Date Assigned:	12/01/2014	Date of Injury:	06/25/2008
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 is a 47 year old female with a date of injury as 05/25/2008. The current diagnosis is displacement of intervertebral disc, site unspecified, without myelopathy. Report dated 11/04/2014 noted that the injured worker presented with complaints that included increased symptoms of the lumbar spine since previous office visit. Physical examination revealed lumbar spine spasm, tenderness, and decreased range of motion (ROM). The physician noted that the injured worker needed a new MRI of the lumbar spine to rule out herniation nucleus pulposus (HNP) progression. Report dated 07/14/2014 notes that the injured worker had complaints of low back pain radiating into the right buttock region with associated numbness and tingling. The injured worker also had complaints of neck pain radiating into the right arm and hand with associated numbness and tingling involving the middle and small fingers, symptoms increased when raising the arms over head. This report included the findings of the Magnetic Resonance Imaging (MRI) performed 07/15/2010 showed a herniated nucleus pulposus with annular tear L5-S1, disco-osteophyte complex with stenosis C5-C6, actual report was not included in the documentation submitted. Electromyogram/nerve conduction study performed 05/12/2010 confirmed right upper extremity radiculopathy secondary to disco-osteophyte complex with stenosis C5-C6, actual report was not included in the documentation submitted. The injured worker's work status was documented as permanent and stationary. The utilization review dated 11/12/2014 non-certified the request for lumbar spine, based on the lack of clear, objective evidence of significant neurological deficits which have shown to progress or change since the time of the previous magnetic resonance imaging (MRI), and detailed history regarding treatments of the low back. Previous treatments included Lidoderm patches and oral medications. Primary treating physician's reports dated 06/16/2014 through 11/04/2014 were included for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back, MRI.

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 chronic low back pain. The current request is for MRI of the lumbar spine "to rule out herniation nucleus pulposus (HNP) progression." 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, ODG guidelines provide a thorough discussion. 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. The medical records indicate that an MRI was performed 07/15/2010 which showed a herniated nucleus pulposus with annular tear L5-S1, disco-osteophyte complex with stenosis C5-C6. In this case, there are no new injuries, no significant change in 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.