

Case Number:	CM14-0194801		
Date Assigned:	12/02/2014	Date of Injury:	09/30/2010
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency Medicine and is licensed to practice in New York. 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 58 year old man sustained an industrial injury on 9/30/2010 after having two separate injuries on the job leaving him with neck, upper and lower back pain. The treatment has included RI of the lumbar spine on 12/29/2010, electromyography on 2/9/2011, lumbar spine x-ray on 9/17/2013, chiropractic treatment, acupuncture, and cognitive behavioral therapy. Spine x-rays from 9/17/2013, show mild multilevel degenerative changes to the lumbar spine disc space and facet joints, mild degenerative changes of the cervical spine, and no fractures. There were no MRI results submitted for review. The worker is currently awaiting a neurosurgical consultation. The physician notes per AME evaluation on 10/17/2013, state that the worker likely will not require surgery, further chiropractic treatment or acupuncture. On 10/17/2014, Utilization Review evaluated a prescription for MRI of the lumbar spine. The physician noted that the worker has already had two lumbar MRIs, with the last one performed on 9/24/2014. The request is for a third scan prior to neurosurgery consultation. The request was denied due to the close proximity to the last exam and no evidence of worsening symptoms. The request was subsequently appealed to Independent Medical 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: An MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro-compression, recurrent disc herniation). Indications for imaging -- Magnetic resonance imaging: - Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.- Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient In this case repeat MRI was requested on September 24, 2014 prior to neurosurgical consultation. The results are not available for review. A third MRI is not indicated because there has been no significant change in the patient's symptoms. The request is not medically necessary.