

Case Number:	CM14-0196714		
Date Assigned:	12/04/2014	Date of Injury:	11/25/2005
Decision Date:	04/03/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 50 year old female, who sustained an industrial injury on 11/25/2005. The diagnoses have included low back pain with radiculopathy. Treatment to date has included medications, physical therapy, injections and activity modifications. Currently, the Injured Worker complains of constant low back rated as 8/10 with radiation to the buttocks and down the sides of both legs to the ankles. Objective findings included tenderness and hyper tonicity in the lumbar paraspinals, quadratus lumborum and piriformis muscles bilaterally. There is tenderness to palpation over the L1-S1 spinous process and sacroiliac joints bilaterally. There is reduced range of motion and a straight leg raise test on the left at 15 degrees. She walks with a moderate limp to protect her left knee. On 10/21/2014, Utilization Review non-certified a request for magnetic resonance imaging (MRI) to the thoracic and lumbar spine noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines were cited. On 11/24/2014, the injured worker submitted an application for IMR for review of MRI to the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine and thoracic 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 injured worker's working diagnosis is low back pain radiculopathy (unconfirmed). The medical record contains eight pages. There is a single chiropractic progress note in the medical record dated May 8, 2014. It indicates the injured worker went for an MRI lumbar spine. There were no MRI results in the medical record. Subjectively, the injured worker complained of low back pain that radiated into the lower thoracic region. Objectively, there was tenderness in the lumbar paraspinal region and tenderness palpation over the L1 - S1 spinous processes and sacroiliac joints. The neurologic evaluation showed decreased sensation to light touch in the S1 dermatome on the left. Motor examination indicated the patient cannot heel/toe walk due to knee issues. Strength is reduced on the left at 4+/5 on the right and 5-/5. The motor examination does not state whether this is upper extremity or lower extremity. There were no significant neurologic deficits noted in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or objective findings suggestive of significant pathology. There were no significant symptoms or signs in the medical record. There were no unequivocal objective clinical findings of specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with specific nerve compromise and or significant signs and symptoms suggestive of significant pathology, MRI lumbar spine and thoracic spine is not medically necessary.