MAXIMUS Federal Services

Case Number:	CM14-0197200		
Date Assigned:	12/24/2014	Date of Injury:	07/04/2012
Decision Date:	03/04/2015	UR Denial Date:	11/17/2014
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: Colorado
Certification(s)/Specialty: Family Practice

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 27-year-old male, with a reported date of injury of 07/04/2012. The result of the injury was low back pain. The current diagnoses includes lumbar spine discopathy. The past diagnoses include rule out lumbar spine discopathy, lumbar intervertebral disc displacement, and lumbosacral sprain/strain. Treatments/Evaluations have included E-stim, infrared lamp, MRI IN 2012 and 2013, an x-ray of the lumbar spine on 05/19/2014, with no acute findings, and pain medications. The progress report (PR-2) dated 10/30/2014 indicates that the injured worker felt the same, and that the injured worker complained of constant dull pain in the lumbar spine, with radiation of pain, numbness, and weakness. It was noted that the medications only helped to control the pain temporarily. The objective findings included tenderness and spasm upon palpation of the lumbar spine; and limited range of motion of the lumbar spine. The treating physician did not provide a reason for the request for an MRI of the lumbar spine. On 11/17/2014, Utilization Review (UR) denied the request for an MRI of the lumbar spine. The UR physician noted that there was no documentation to justify a repeat MRI, and no documentation of acute changes in the injured worker's clinical examination. The ACOEM Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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 (ODG), Low Back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 336.

Decision rationale: The MTUS Guidelines do not address MRI, so ACOEM Guidelines were consulted. Per the ACOEM, there is insufficient evidence to recommend MRI for acute Low Back Pain in the first 6 weeks except in the following 'red flag' situations: demonstrated progressive neurologic deficit, cauda equina syndrome, significant trauma with no improvement in atypical symptoms, a history of neoplasia (cancer), or atypical presentation (e.g., clinical picture suggests multiple nerve root involvement).MRI may also be reasonable in the first few weeks of radiculopathy if epidural steroid injection is being considered for temporary pain relief.MRI is recommended for subacute/chronic radicular pain (at least 4 to 6 weeks) when the symptoms are not improving and when surgical intervention is being considered if the MRI verifies nerve impingement. MRI may be recommended for prolonged low back pain (more than 3 months), radiculopathy not specified, to rule out other pathology if treatment options have failed. However, per the ACOEM, that recommendation does not have sufficient evidence to support it. While the patient history includes symptoms of radiculopathy, the records do not include any physical findings that suggest radiculopathy, and the history in the available records does not suggest any 'red flags.' Furthermore, the records do not indicate any change in patient symptoms / physical findings since last MRI. Per the 10/30/2014 office note, pain management consultation is pending for evaluation for lumbar epidural steroids, so all treatment options have not yet been tried. Based on a lack of documentation of any neurological deficits, and a lack of change in patient condition that would warrant re-imaging, the request for MRI of lumbar spine is not medically indicated.