

Case Number:	CM14-0197583		
Date Assigned:	12/05/2014	Date of Injury:	03/03/2010
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date of 03/03/10. Based on the 04/30/14 progress report, the patient complains of low back pain which radiates down the right leg with numbness and tingling foot. He rates his low back pain as a 7-8/10 and also has neck pain which he rates as a 5/10. The 09/15/14 report indicates that the patient rates his low back pain as an 8/10 and his neck pain as a 6/10. There is guarding and muscle spasm present. The patient also has a decreased range of motion, tenderness to palpation over the paraspinal musculature, and a decreased sensation to light touch at the right posterior thigh and leg. In regards to the cervical spine, he has tenderness to palpation and a painful limited range of motion. The 10/29/14 report states that the patient rates his low back pain as an 8/10 and his neck pain as a 6/10 with headaches twice a week. No additional positive exam findings were provided. The patient had an MRI of the lumbar spine on 09/16/10 which demonstrated compression, and impingement of the right L5 nerve root in the right L4-L5 lateral recess. The patient's diagnoses include the following: Chronic neck pain is improved after epidural injection x 1; chronic low back pain with underlying 5 mm central; right posterior paracentral L4-L5 disc herniation underlying; status post (s/p) right L4-L5 epidural injection x 2; chronic mid back pain and moderate scoliosis is improved; complaints of sleep difficulty, depression, and anxiety; and diabetes and hypertension. The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 04/30/14, 09/15/14, and 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, MRI

Decision rationale: The patient presents with neck pain and low back pain which radiates down the right leg. The request is for a MRI of the lumbar spine. 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." Official Disability Guidelines (ODG), Low Back Chapter states that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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, neurocompression, recurrent disc herniation)." The treating physician does not provide any reason for the request. The patient had a prior MRI of the lumbar spine on 09/16/10 which demonstrated compression, and impingement of the right L5 nerve root in the right L4-L5 lateral recess. 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. Therefore, the requested repeat MRI of the lumbar spine is not medically necessary.