

Case Number:	CM14-0206604		
Date Assigned:	12/18/2014	Date of Injury:	10/02/2014
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 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:

This 55 year old female sustained work related industrial injuries on October 2, 2014 while working as a registered nurse. The mechanism of injury involved unpacking supplies and bending over frequently. The injured worker subsequently complained of low back pain. The injured worker was diagnosed and treated for lumbago. Treatment consisted of prescribed medications, physical therapy, consultation and periodic follow up visits. According to the physical therapy notes dated November 6, 2014, the injured worker had an unusually high degree of sensitivity to neural tension with prolonged symptoms of aching and radiating pain. Documentation noted that traction increases her pain which is diffused in nature in the lumbar spine, hips and lower extremities. Per most recent treating provider report dated October 24, 2014, the injured worker complained of significant low back pain radiating into the buttock on the left side down to her legs. Physical examination revealed tenderness to palpitation to the left paravertebral lumbar region and surrounding muscles. Documentation noted that the injured worker's last MRI was performed in 2010. The provider diagnosis was acute exacerbation of left low back strain with underlying degenerative disk disease, worse. As of October 24, 2014, the injured worker remains on modified work restrictions. The treating physician prescribed services for MRI of the lumbar spine now under review. On December 1, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the lumbar spine requested on November 21, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the lumbar spine, noting the lack of sufficient clinical documentation from response to recently started physical therapy, and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the 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 Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back Chapter, MRI Section.

Decision rationale: The patient presents with low back pain. The current request is for an MRI of the lumbar spine. The treating physician indicates that the current request is, "necessary to plan her future medical care." The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, "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). In this case, the treating physician has failed to document any findings that would warrant a repeat MRI. The request is not medically necessary.