

Case Number:	CM14-0036521		
Date Assigned:	06/25/2014	Date of Injury:	10/12/2005
Decision Date:	04/09/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/25/2014

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. 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 66-year-old male reported a work-related injury on 10/12/2005. The IW was diagnosed with lumbosacral musculoligamentous sprain/strain, lumbar degenerative disc disease and bilateral knee degeneration. He is status post left and right total knee replacement. Previous treatments include medications, bilateral facet rhizotomies at L3-4 and L4-5, acupuncture. According to the progress notes dated 2/26/14, the injured worker (IW) reported low back pain with radiation to the bilateral legs and feet. The examination showed decreased range of motion, paravertebral muscle spasms with guarding and positive straight leg raise bilaterally. Prior lumbar MRI (27 Apr 2011) documented degenerative disc disease with small disc protrusions at L3-4 and L4-5. The treating provider requested an MRI of lumbar spine to direct appropriate treatment. The Utilization Review on 03/06/2014 non-certified the request for an MRI of lumbar spine, citing ACOEM Occupational Medicine Practice Guidelines.

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): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated 'red flags,' that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care but the symptoms are non-specific, there are no 'red flags' and an EMG/NCV study has not been done. Prior lumbar MRI described degenerative disc disease so it is reasonable to suspect worsening of this condition may be contributing to this patient's present symptoms, however, the patient examination has not changed appreciably from prior exams so worsening disease is less likely. At this point in the care of this individual a MRI of the lower back is not indicated. Medical necessity for this procedure has not been established.