

Case Number:	CM14-0047797		
Date Assigned:	06/25/2014	Date of Injury:	11/07/2000
Decision Date:	01/06/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 injured worker is a 59 year old female with a reported industrial injury on November 7, 2000. The mechanism of the injury was not provided in the available medical records. The injured worker was examined on February 10, 2014 and reported low back pain was still present but was managed by medication. The symptoms were described as intermittent and made worse by prolonged sitting and alleviated by rest and Norco and complains of limited range of motion of the joint. The physical examination reveals low back pain and limited range of motion of the lumbar spine as well as normal neurovascular examination of both lower extremities (which was identical to her physical examination from 11/27/2013, when she was recommended an MRI of the lumbar spine, but did not complete. The diagnosis is low back pain, degenerative disk disease of the lumbar spine, lumbar spondylolisthesis L4-5 and Lumbar spinal stenosis L4-5, status post prior spinal fusion L4-5 without a date mentioned. The provider did not document previous treatment or previous diagnostic testing. On February 10, 2014 the worker's treating provider requested again the Magnetic resonance imaging (MRI) of the lumbar spine in order to "assess the causes of her continued lower back pain." The worker's most recent MRI study of the lumbar spine was reported as being from 10/15/2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://apgi.acoem.org/Browser/TreatmentSummary.aspx?tsid=861> Official Disability Guidelines- Treatment in Workers Compensation, Integrated Treatment/Disability Duration Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic) Back to ODG-TWC Index (updated 02/13/14) MRIs (Magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, there is no evidence to suggest red flag diagnosis or change in her symptoms or physical examination findings which would justify imaging at this point. Lumbar MRI is not likely to lead to any change in the treatment plan with this patient based on the evidence in the documents provided for review. Therefore, the MRI is not medically necessary.