

Case Number:	CM14-0089486		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2013
Decision Date:	02/03/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 38 year old male with a date of injury as 06/10/2013. The injury was a lifting and twisting injury to the right low back. The current diagnoses include pain low back, degenerative disc disease, sciatica, spinal stenosis lumbar, and sprain lumbar. Previous treatments include medications, chiropractic treatment, and status post transforaminal epidural steroid injection right L3-L5 and right L5 epidurogram of the lumbar spine. The primary treating physician's reports dated 05/22/2014, MRI report from 09/16/2013, and a procedure report from 11/26/2013 were included in the documentation submitted for review. Report dated 05/22/2014 noted that the injured worker presented with complaints that included significant increase of sciatica symptoms with severe pain extending from the buttock and hamstring down to his knee. Physical examination revealed tenderness to palpation of the thoracolumbar right paraspinal muscles and decreased range of motion. MRI of the lumbar spine on 09/16/2013 shows dessication L3-S1 with moderate right neural foraminal stenosis at each level with stenosis affecting exiting L3-L5 nerve roots. The injured worker is permanent and stationary. The utilization review performed on 06/06/2014 non-certified a prescription for MRI without contrast of the lumbar spine based on no documentation to support weakness or other neurological deficits since last study. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option. Indiscriminate imaging will result in false positive findings such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The Official Disability Guidelines document 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. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. Indications (ODG) for Magnetic resonance imaging (MRI):- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient In this case, while there are increased sciatic symptoms, clinical examination shows no paresthesias or weakness. Reflexes and gait are normal. There is no indication that surgery is being considered. The request for MRI of the lumbar spine does not appear to be supported by the MTUS, which states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The request for MRI of the lumbar spine is not medically necessary.