MAXIMUS Federal Services

Case Number:	CM15-0001257		
Date Assigned:	01/12/2015	Date of Injury:	10/15/2014
Decision Date:	04/01/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 47 year old male, who sustained an industrial injury on October 15, 2014. The injured worker was noted to have a low back injury. The diagnoses have included lumbar sprain, lumbar disc protrusion with foraminal stenosis and lumbar radiculopathy. Treatment to date has included medications, an MRI of the back dated October 15, 2014 and a home exercise program. Current documentation dated November 17, 2014 notes that the injured worker complained of low back pain. Physical examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles and a decreased range of motion. Straight leg raise did not demonstrate any nerve irritability. Neurologic examination of the lower extremities revealed a patchy decreased sensation, right more than the left. Thoracic spine examination revealed tenderness to palpation and a mild limitation of motion. The injured worker had an antalgic gait. On December 18, 2014 Utilization Review non-certified a request for an MRI of the lumbar spine without dye. The MTUS, ACOEM Guidelines, were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of an MRI of the lumbar spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured workers working diagnoses are lumbar spine strain; lumbar radiculopathy; history of lumbar disc protrusions at L3 - L4, L4 - L5 and L5 - S1 with foraminal/canal stenosis. The date of injury is October 15, 2014. There is a single progress note in the medical record dated November 17, 2014. The medical record contains 23 pages. There has been no physical therapy to date. The treating physician ordered an MRI on the date of injury October 15, 2014. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. The documentation does not contain neurologic deficits. There is no detailed neurologic evaluation in the sole progress note dated November 17, 2014. Consequently, absent clinical documentation with at least one-month conservative therapy and neurologic deficit on physical examination, MRI lumbar spine is not medically necessary.