

Case Number:	CM15-0003439		
Date Assigned:	01/14/2015	Date of Injury:	02/26/2013
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 2/26/2013. She had reported low back pain radiating to the left leg. The diagnoses have included major depressive disorder, lumbar spine herniation with radiculopathy, chronic pain, right tarsal tunnel syndrome and coccyx pain. Treatment to date has included medications, cold pack, lumbar brace, physical therapy, light duty, trigger point injections, epidural steroid injections, acupuncture, donut cushion, magnetic resonance imaging, electromyography studies and x-rays. Currently, the injured worker complains of pain in the low back and coccyx at level 8/10 radiating to bilateral legs. On 12/8/2014 Utilization Review non-certified a magnetic resonance imaging of the lumbar spine, noting the MTUS Chronic Pain Treatment Guidelines, ACOEM Chapter 12, Special Studies and Diagnostic Treatment Considerations, ODG Low Back Lumbar and Thoracic MAGNETIC RESONANCE IMAGING's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'MRIs (magnetic resonance imaging)

Decision rationale: The 45 year old patient presents with lower back pain, rated at 8/10, that radiates to the bilateral lower extremities, as per progress report dated 11/18/14. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE. The RFA for the request is dated 12/19/14 and the patient's date of injury is 02/26/13. The patient has been diagnosed with lumbar myospasm, as per progress report dated 11/18/14. Medications, as per 11/12/14 report, include Ranitidine, Naproxen, Cyclobenzaprine and Gabapentin. Diagnoses, as per the same report, includes lumbar spine radiculopathy, chronic pain, right tarsal tunnel syndrome, and coccyx pain. The patient is currently not working, as per progress report dated 11/12/14. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter Low Back Lumbar & Thoracic (Acute & Chronic)' and topic MRIs (magnetic resonance imaging)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, several progress reports are handwritten and not very legible. A review of the prior reports indicates that the patient has received at least two prior MRIs of the lumbar spine. MRI report dated 06/13/13 revealed minimal straightening of the lumbar lordotic curvature, transitional segment at lumbosacral junction, and minimal central disc protrusion at L4-5. Another MRI of the lumbar spine, dated 06/12/14, revealed mild hypertrophic changes of the lumbar spine. The treater requests for another lumbar MRI in RFA dated 12/19/14 and progress report dated 11/18/14. The treater, however, does not explain the reason for this request. There are no red flags and the patient is not post-op and does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.