

Case Number:	CM15-0003781		
Date Assigned:	01/14/2015	Date of Injury:	08/06/2009
Decision Date:	04/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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 female, who sustained an industrial injury on 8/06/2009. The diagnoses have included lumbar radiculopathy, lumbar sprain/strain, cervical radiculopathy, cervical sprain/strain and insomnia. Treatment to date has included physical therapy, medications and acupuncture. Currently, the IW complains of lower back pain rated as 8/10 without any medication and 5/10 with medication. She reports neck pain rated as 8/10 without medication and 4-5/10 with medication. She reported loss of sleep due to pain. Objective findings included tenderness to palpation and muscle spasm with decreased range of motion of the lumbar and cervical spine. On 12/09/2014, Utilization Review non-certified a request for magnetic resonance imaging (MRI) spinal canal lumbar without contrast noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines and ODG were cited. On 1/08/2015, the injured worker submitted an application for IMR for review of MRI spinal canal lumbar without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI spinal canal lumbar 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 (ODG), MRI.

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 section, 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 worker's working diagnoses are lumbar radiculopathy; lumbar strain/sprain; cervical radiculopathy; cervical sprain/strain; and insomnia. Subjectively, the injured worker complains of low back pain that radiates the lower extremities 8/10 without medications and 5/10 with medication. Neck pain is 8/10 without medications and 4/10 with medications. Objectively, there is tenderness with spasm in the lumbar and cervical spine. There is no neurologic evaluation present. The medical record contains 11 pages. There is a single progress note in the medical record dated September 25, 2014 (supra). The ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation are sufficient evidence to warrant imaging in patients not responding to treatment or who would consider surgery an option. There is no neurologic physical examination contained in the sole progress note dated September 25, 2014. There is no clinical indication, clinical rationale or red flags noted in the medical record. Consequently, absent clinical documentation with unequivocal objective neurologic findings and/or red flags, MRI lumbar spine is not medically necessary.