

Case Number:	CM15-0101936		
Date Assigned:	06/04/2015	Date of Injury:	10/23/2012
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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 32 year old male, who sustained an industrial injury on October 23, 2012, incurring low back injuries. He was diagnosed with thoracic, lumbosacral neuritis and radiculitis. Treatment included epidural steroid injection, weight loss, anti-inflammatory drugs, and physical therapy and work restrictions. Currently, the injured worker complained of continued low back pain radiating down into his right lower extremity with tenderness at the right hip. He complained of lumbar range of motion limited for flexion and bending. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the lumbar spine.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with low back pain, and right lower extremity pain with numbness / weakness. The treater has asked for MRI OF THE LUMBAR SPINE on 5/11/15. The patient's diagnosis per request for authorization form dated 3/13/15 is lumbar HNP. The patient is s/p L-spine MRI, physical therapy for 4 weeks, and unspecified medications per 5/11/15 report. The patient had a prior L-spine MRI on 3/10/14 that showed HNP right L4-5, instability, r/o acute HNP, CPS per 5/11/15 report. The original L-spine MRI was not included in the documentation. The patient's pain levels have improved in the past month and the patient feels it is because he has not been working per 4/23/15 report. The patient's current medications include Naproxen, Carisoprodol, Hydrocodone, and Lidoderm patches per 4/23/15 report. The patient's work status is modified duty with work restrictions per 4/23/15 report. 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 do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. ODG guidelines further state the following regarding MRIs, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The treater does not discuss this request in the reports provided. The patient had a prior L-spine MRI on 3/10/14 that showed HNP right L4-5, instability, r/o acute HNP, CPS per 5/11/15 report. The original MRI report was not included in the documentation. The utilization review letter dated 5/18/15 denies the request for repeat L-spine MRI stating that the patient's condition has not worsened in the past year. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. The request for a repeat MRI cannot be warranted. Therefore, the request IS NOT medically necessary.