

Case Number:	CM15-0102160		
Date Assigned:	06/04/2015	Date of Injury:	01/30/2014
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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: Preventive Medicine, Occupational 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 61 year old female who sustained an industrial lifting injury to her lower back on 01/30/2014. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar herniated disc, myofascial pain and right leg radiculopathy. Comorbid conditions include obesity (BMI 30). Lumbar MRI (March 17, 2014) demonstrated mild spinal canal and neuroforaminal narrowing due to disc herniation and mild degenerative disc changes at L2-3, L3-4 and L5-S1. Lumbar MRI (February 8, 2015) showed broad-based disc protrusion at L4-5 encroaching on the neural recesses and associated mild to moderate central canal stenosis. Treatment to date has included diagnostic testing, physical therapy, chiropractic therapy, right sacroiliac (SI) joint injections, right piriformis trigger point injection (in November 2014), a right transforaminal epidural steroid injection (ESI) of L4 and L5 (on April 16, 2015) and medications. According to the primary treating physician's progress report on April 24, 2015, the injured worker continues to experience right sided low back pain radiating to the right buttock and down the right leg. The injured worker reported the transforaminal epidural steroid injection (ESI) on April 16, 2015 gave her minimal to no relief of pain. Examination demonstrated moderate tenderness to palpation on the right sacroiliac (SI) and piriformis. Straight leg raise was positive on the right causing pain in the right buttock, lower back and possibly the hamstring. Decreased sensation in the right (L5) big toe webbing. Straight leg raise was negative on the left. Overall strength was 4-5/5 and equal in the lower extremities. The injured worker was able to toe and heel walk. Current medications are listed as Tramadol, Robaxin and Tylenol. Treatment plan consists of a lumbar magnetic resonance imaging (MRI) without contrast, 3 Tesla only and follow-up with treating providers after magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without Contrast 3 Tesla Only: 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): 303-4, 309. Decision based on Non-MTUS Citation 1) American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011 2) Wardlaw JM. Et al. A systematic review of the utility of 1.5 versus 3 Tesla magnetic resonance brain imaging in clinical practice and research. Eur Radiol. 2012 Nov;22(11): 2295-303.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated red flags, that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care. The patient's signs and symptoms are consistent with a radiculopathy. However, the patient had a lumbar MRI in Mar 2014 and again in Feb 2015. One provider stated the images these MRIs produced were not clear enough to confirm a need for surgery. However, there is little scientific evidence to support the claim that diagnosis using low field imaging is inaccurate for diagnosis of anatomic abnormalities. There has not been new onset of any red flag symptoms nor interval history of new trauma to the lower back that would suggest a change to the anatomy of that area of the body. One provider suggests surgery is required for this patient while another suggests surgery is not required. Electrodiagnostic studies have not been done. At this point in the care of this individual a 3 Tesla MRI of the lower back is not indicated as there is no information that the prior MRI scans were inadequate (due to patient movement, blurred images, etc). Medical necessity for this procedure has not been established.

Follow-Up with Treating Providers After MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80, 89-90.

Decision rationale: Decision on when to follow up with a patient relates to stability of patient symptomatology, changes in treatment, review of testing or renewal of medications. Regular follow up is recommended. For this patient the requested follow up is for review of a new test (3 Tesla Lumbar MRI). Since approval for the patient to have this test was denied, it follows that approval for a follow up provider visit to discuss its results is not needed. Medical necessity for this visit has not been established.