

Case Number:	CM15-0104526		
Date Assigned:	06/08/2015	Date of Injury:	06/15/2010
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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:

This 37 year old male sustained an industrial injury to the low back on 6/15/10. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections and medications. In an initial spinal consultation dated 4/29/15, the injured worker complained of mid and low back pain with radiation down the left buttock. The injured worker rated his pain 5/10 on the visual analog scale. Physical exam was remarkable for flattening of the thoracic kyphosis and lumbar lordosis, tenderness to palpation to the low thoracic spine and low lumbar spine with decreased range of motion, normal tone and some paraspinal musculature spasms, bilateral lower extremities with intact sensation and slightly positive left straight leg raise. Magnetic resonance imaging (3/16/12) showed diffuse disc bulge without significant nerve root impingement. Magnetic resonance imaging thoracic spine (10/5/11) showed some Schmorl's nodes and an annular tear. The physician noted that he did not detect any evidence of weakness in a specific dermatomal distribution but the injured worker did have some evidence of irritation of the nerve roots on the left that had worsened since his previous magnetic resonance imaging. Current diagnoses included chronic thoracic spine pain and chronic lumbar spine pain with radiation down the left buttock. The physician recommended repeat magnetic resonance imaging of the thoracic spine and 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 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is normal 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 chronic thoracic pain; and chronic lower lumbar pain with pain radiating down to the left buttock. Documentation shows the injured worker received 8 physical therapy sessions, 12 chiropractic sessions, 20 acupuncture sessions, and 15 epidural steroid injections with no relief. The injured worker had a prior lumbar magnetic resonance imaging scan March 16 2012. There are diffuse disc bulges at L3 - L4, L4 - L5, and L5 - S1 with no significant nerve root impingement. According to a progress note dated April 29, 2015 (request for authorization date May 5, 2015, the injured worker complained of ongoing low back pain. Objectively, the neurologic evaluation was unremarkable. There were no unequivocal objective findings that identify specific nerve compromise. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. There were no new symptoms or objective findings suggestive of significant pathology and, as noted above, the neurologic evaluation was unremarkable. Consequently, absent significant new symptoms and new objective clinical findings suggestive of significant pathology, prior MRI lumbar spine, an unremarkable neurologic evaluation and no red flags, MRI of the lumbar spine is normal not medically necessary.