

Case Number:	CM15-0105514		
Date Assigned:	06/09/2015	Date of Injury:	02/15/2000
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
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

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 56 year old male, who sustained an industrial injury on 02/15/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having degenerative lumbar or lumbosacral intervertebral disc disease and chronic low back pain. Treatment and diagnostic studies to date has included home exercise program, epidural, and magnetic resonance imaging. In a progress note dated 05/15/2015 the treating physician reports complaints of increased low back pain, pain and stiffness to the paravertebral muscles, an increase in pain to the right anterior thigh, and a loss of mass to the thigh. Examination reveals a decrease in strength to the right thigh along with a decrease in strength with knee extension, and a decrease in girth to the right thigh. The treating physician requested magnetic resonance imaging of the lumbar spine without contrast to assess the lumbar three to four disc space with the treating physician noting that the injured worker has new significant compromise to the nerves in the right thigh along with indicating that recent previous magnetic resonance imaging revealed poor quality of the study and was therefore nondiagnostic.

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: 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): Imaging, pages 303-304.

Decision rationale: The request is to repeat the MRI lumbar spine per provider due to non-diagnostic study with poor quality; however, diagnostic MRI report of 3/18/15 showed disc degeneration at L5-S1 with moderate annular bulging and marginal endplate ridging along with multilevel disc bulging at L3-4, L4-5 with mild neural foraminal and central canal stenosis with arthropathy. Per ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study with study recently done in March 2015. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine without contrast is not medically necessary and appropriate.