

Case Number:	CM15-0105786		
Date Assigned:	06/10/2015	Date of Injury:	08/27/2009
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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 62 year old male who sustained a work related injury August 27, 2009. According to a primary treating physician's progress report, dated April 30, 2015, the injured worker presented with complaints of burning radicular neck pain and muscle spasms, greater on the right than left side. The pain is described as constant, moderate to severe and rated 4-5/10. He also reports burning radicular low back pain, rated 5-6/10, constant moderate to severe and radiating in the right leg with numbness and tingling of the bilateral lower extremities. He reports his medication providing temporary relief of pain and improving his ability to sleep. Cervical spine examination revealed tenderness to palpation, both lateral aspects of the occiput and tenderness at the trapezius, splenius, scalene, and sternocleidomastoid muscles. He is able to heel toe walk with pain. There is tenderness over the lumbar paraspinal muscles and lumbosacral junction. Diagnoses are cervicgia; rule out cervical and lumbar disc displacement (HNP-herniated nucleus pulposus); rule out cervical spine radiculopathy; lumbar spine degenerative disc disease; lumbar radiculopathy. Treatment plan included medications, periodic urine toxicology evaluation, and continue the course of physical therapy, acupuncture, chiropractic treatment and shockwave therapy. At issue, is the request for authorization for an MRI, lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic 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 have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient is without specific dermatomal or myotomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar is not medically necessary and appropriate.