

Case Number:	CM15-0107899		
Date Assigned:	06/12/2015	Date of Injury:	02/28/2011
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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:

The injured worker is a 51 year old female who sustained an industrial injury on 02/28/2011. Treatment provided to date has included: injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (11/2014) showing findings of disc protrusion and spondylolisthesis. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 03/20/2015, physician progress report noted complaints of low back pain with an average pain rating of 4/10 (0-10) and described as dull and continuous with radiating pain to the bilateral buttocks. The pain was reported to be aggravated with daily activities of living, and improved with medications. The injured worker's pain rating on her previous exam was reported as 8/10 (0-10) which was noted to be significantly improved. Current medications include Norco, gabapentin, naproxen, and Omeprazole. The physical exam revealed tenderness to palpation over the paralumbar muscles, trigger point myospasms, S1 joints tender to palpation, tenderness to palpation over the greater trochanter, and improved range of motion in the thoracolumbar spine (from previous exam). The provider noted diagnoses of bilateral hip bursitis and lumbar spondylolisthesis/degenerative disc disease. Plan of care includes a MRI of the lumbar spine, referral for pain management, and follow-up. The injured worker's work status was not mentioned. Requested treatments include MRI of the lumbar spine and referral for pain management (authorized).

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): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The progress report dated 11/21/14 documented MRI of the lumbar spine showed posterior disk protrusion at L3-4 and L4-5 with spondylolisthesis at L4-5. The progress report dated 3/20/15 documented that the patient did have MRI done last November with positive finding of disc protrusion and spondylolisthesis. The treatment plan included conservative care with oral pain management, and pain management physician referral. The progress report dated 3/20/15 did not present a rationale for a repeat MRI of the lumbar spine. The progress report dated 5/15/15 did not present a rationale for a repeat MRI of the lumbar spine. No new injury to the lumbar spine was documented. The need for a repeat MRI of the lumbar spine was not established in the 3/20/15 and 5/15/15 progress reports. Therefore, the request for a repeat MRI of the lumbar spine is not medically necessary.