

Case Number:	CM15-0108465		
Date Assigned:	07/15/2015	Date of Injury:	03/06/2015
Decision Date:	08/11/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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 injured worker is a 51 year old male who reported an industrial injury on 3/6/2015. His diagnoses, and or impression, were noted to include: musculoligamentous strain of the lumbar spine, rule-out herniated discogenic disease; right lower extremity radiculitis; a right foot crush injury; and pain-induced anxiety and insomnia. No current imaging studies were noted. His treatments were noted to include a home exercise program; pain management; and rest from work as no modified duties were available. The progress notes of 5/6/2015 reported an orthopedic re-evaluation of complaints of pain over the lower portion of the cervical spine, worsened by activities and range-of-motion; lumbar spine pain with radicular pain into the bilateral lower extremities; and of right ankle swelling by the end of each day. Objective findings were noted to include: an elevated blood pressure; an antalgic gait; tenderness over the cervical supra-scapular muscles, with positive trigger points and decreased range-of-motion; tenderness over the sacroiliac joint region; tenderness over the right ankle and foot, with unchanged range-of-motion to the right ankle; and an unchanged neurological examination. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the 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 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 workers working diagnoses are traumatic crush injury right foot; metatarsalgia; musculoligamentous strain cervical spine; musculoligamentous strain of lumbar spine; right lower extremity radiculitis; anxiety and insomnia. Date of injury is March 6, 2015. Request for authorization is May 20, 2015. According to a May 6, 2015 progress note, the injured worker complains of neck and back pain that radiates to the right lateral lower extremities. The injured worker is waiting for physical therapy and acupuncture authorization. Objectively, there is tenderness palpation over the lumbar paraspinal muscle groups and positive trigger points. The neurologic evaluation indicates unchanged from previous exam. There is no neurologic evaluation in a previous progress note. There were no plain x-rays of the lumbar spine in the medical record. Consequently, absent clinical documentation with prior physical therapy (conservative treatment), plain x-rays of the lumbar spine and unequivocal objective findings that identify specific nerve compromise on the neurologic examination, MRI of the lumbar spine is not medically necessary.