

Case Number:	CM15-0132660		
Date Assigned:	07/20/2015	Date of Injury:	06/11/2010
Decision Date:	08/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 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:

This 49-year-old male sustained an industrial injury on 6/11/10. He subsequently reported back pain. Diagnoses include chronic lumbosacral sprain/ strain with myofasciitis. Treatments to date include MRI testing, injections and prescription medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination, there is tenderness to palpation over the midline from L2- S1 and over bilateral paralumbar muscles, more on the right side. There are trigger points associated with a twitch response in the paralumbar muscles and palpation refers pain to the right gluteal region. There is tenderness to palpation over the right sacroiliac joint and Gaenslen's test is positive bilaterally. Straight leg raise testing is positive bilaterally at 60 degrees. The treating physician made a request for MRI of 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 Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and Indications for Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online, Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with constant low back pain that radiates into both legs with numbness equally on both the right and left. The current request is for MRI of the lumbar spine. An MRI of the lumbar spine dated 3/30/12 showed very small left sided disc protrusions at L2-L3 and L3-L4 and a 5 mm focal central disc protrusion at L4-L5. The treating physician states on 6/1/15 (65B) "I am also recommending an updated lumbar spine MRI be obtained and authorization is being requested. His last study of 3/30/12 is now over 3 year old. He has significant right paralumbar trigger points. In addition, the right sacroiliac joint is a very likely pain generator. This area will be addressed after an updated MRI has been obtained." ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The guidelines do not support routine MRI's in the absence of significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no documentation of significant changes noted and there are no red flags documented to warrant a repeat lumbar MRI. The current request is not medically necessary.