

Case Number:	CM15-0136206		
Date Assigned:	07/24/2015	Date of Injury:	01/28/2014
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female, who sustained an industrial injury on January 28, 2014. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, MRI, home exercise program and urine drug screen. Currently, the injured worker complains of low back pain, rated at 7 on 10, that radiates into her left groin and hip area and down the left leg. She reports occasional right leg pain as well. She also reports sacroiliac pain, rated at 5 on 10, and right shoulder pain rated at 6 on 10. The injured worker is diagnosed with left paracentral L4-L5 disc protrusion with L5 neural impingement, lumbar radiculopathy, sacroiliitis and right shoulder pain (early impingement). Her work status is temporary totally disability. In a note dated May 18, 2015 states the injured worker experiences pain relief that allows her to engage in activities of daily living and recommended exercise program. The note also states there is decreased lumbar range of motion and tenderness on palpation. Due to ongoing pain a repeat lumbar spine MRI is requested.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic, updated 07/17/15), MRIs (magnetic resonance imaging).

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 12 (Low Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Table 12-8 (Summary of Recommendations and Evidence) recommends "CT or MRI when cauda equina syndrome, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." Since MTUS is silent concerning criteria for repeat imaging, ODG was also consulted. ODG states: "Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". There has been a change in the documented neurological exam between 05/18/15 and 06/19/15, with new absent left ankle jerk and change in distribution of hypesthesia to the left leg (diffuse, rather than left L5 distribution as in previous exams). Based upon apparent progressive neurological deficit on physical exam, the requested repeat lumbar MRI is reasonable and medically necessary.