

Case Number:	CM15-0137599		
Date Assigned:	07/27/2015	Date of Injury:	04/24/2001
Decision Date:	08/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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, Pain Management

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 50 year old male who sustained an industrial injury on 4/24/01. The mechanism of injury was unclear. He currently complains of persistent low back pain with radiation into bilateral legs. His pain level was 4/10. Medications were Tizanidine, Oxycodone-acetaminophen, gabapentin, Fentanyl patch. Medications allow the injured worker to perform activities of daily living and control pain symptoms. Diagnoses include lumbosacral disc degeneration; opioid dependence; chronic pain; lumbago; lumbosacral neuritis. Treatments to date include modified work without benefit; medication. Diagnostics include x-ray bilateral knees (5/14/15) showing minimal degenerative changes. In the progress note dated 2/26/15 the treating provider's plan of care includes a request for MRI of the lumbar spine as there was no recent imaging and his pain needs to be further assessed. Decreased sensation is noted in the left L3, L4, and L5 dermatomes along with associated weakness in left lower extremity muscles.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS 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, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, the patient has failed conservative treatment. There is no indication that the patient has previously undergone an MRI of the lumbar spine. As such, the currently requested lumbar MRI is medically necessary.