

Case Number:	CM15-0142294		
Date Assigned:	08/03/2015	Date of Injury:	12/13/2013
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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:

The injured worker is a 29 year old male who sustained an industrial injury on 12-13-2013. She has reported injury to the neck, right shoulder, and right elbow and has been diagnosed with lumbago and cervicalgia. Treatment has included therapy, acupuncture, medications, and chiropractic care. There was tenderness to palpation over the right cervical paraspinal muscles and superior trapezius. Examination of the right shoulder revealed range of motion to forward flexion was 120 degrees, abduction was 110 degrees, and extension was 30 degrees. Examination of the lumbar spine revealed range of motion to forward flexion was 60 degrees and extension was 20 degrees. There was tenderness to palpation over the right lumbar paraspinal muscles. There was a negative straight leg raise bilaterally in the seated position to 50 degrees. The treatment plan included a MRI of cervical the spine. The treatment request included a repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat Lumbar Spine MRI: Upheld

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

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, repeat 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 worker's working diagnoses are lumbago; cervicalgia; and right shoulder impingement. The date of injury is December 13, 2013. The request for authorization is June 12, 2015. The documentation shows the injured worker had a prior MRI lumbar spine February 14, 2014. The MRI showed mild facet arthropathy at L4-L5 and L5-S1 with no evidence of disc herniation, spinal canal or foraminal stenosis. According to a May 21, 2015 progress note, the treating provider is requesting a second MRI. Subjectively, there is increased pain in the neck, shoulder, elbow and back. The back pain radiates to the right leg and foot. Acupuncture helps. Objectively, there is tenderness palpation over the lumbar spine with negative straight leg raising. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation of a significant change in subjective symptoms or objective clinical findings suggestive of significant pathology in the record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, repeat MRI of the lumbar spine is not medically necessary.