

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0145155 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 02/17/2011 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 61 year old male patient who sustained an industrial injury on 2-17-11 while driving a fork lift that went into a pot hole causing his back to jam resulting in lower back pain. Diagnoses include thoracic or lumbosacral neuritis or radiculitis; displacement of intervertebral disc, unspecified site, without myelopathy; muscle spasm; insomnia; obesity. Per the doctor's note dated 7/6/2015, he had complains of low back pain at 6/10 with radiation to the right leg. The physical examination revealed right sided paravertebral tenderness of the low back and limited lumbar spine flexion; negative straight leg raising test and normal strength in bilateral lower extremities. The medications list includes norco, Lyrica, naproxen, omeprazole, aspirin, lipitor and metoprolol. His surgical history includes CABG with stent in 1990. He has had MRI of the lumbar spine dated 8-26-11 which revealed multilevel posterior herniated discs, largest at L4-5, multilevel bilateral neural foraminal narrowing. He has had water aerobics and home exercises. In the progress note dated 5-22-15 the treating provider's plan of care includes a request for repeat MRI of the lumbar spine to determine if there is further progression of degenerative disc disease and facet disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRI's (magnetic resonance imaging).

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) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

Decision rationale: MRI of the Lumbar Spine Without Contrast. Per the ACOEM low back guidelines cited below "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 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. Per the records provided patient has already had Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8-26-11 which revealed multilevel posterior herniated discs, largest at L4-5, multilevel bilateral neural foraminal narrowing. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to recent conservative therapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of 1 MRI of the Lumbar Spine Without Contrast is not fully established for this patient at this juncture.