

Case Number:	CM15-0147062		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2011
Decision Date:	09/08/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 56 year old female with an industrial injury dated 02-16-2012. The injury is documented as occurring when she tripped on a drain causing her to fall on her stomach. Her diagnoses included lumbar discopathy, lumbar radiculopathy, and lumbar facet syndrome. Prior treatment included diagnostics, physical therapy, pain management, and medications. She presented on 05-07-2015 with complaints of pain in the lumbar spine which she rated as 8 out of 10. She describes the pain as hot discomfort spreading up to the upper back with cramping. She also reports numbness, tingling and cold sensation radiating down the bilateral legs, right greater than left. Physical exam noted wide based gait. Heel-toe-walk was performed with difficulty secondary to low back pain. There was diffuse tenderness to palpation over the lumbar paraspinal muscles. There was moderate facet tenderness to palpation at the lumbar four-sacral one level. There was decreased sensation along the lumbar four, lumbar five, and sacral one dermatome distributions on the right, and lumbar five dermatome distributions on the left. Treatment plan included magnetic resonance imaging (MRI) of lumbar spine, EMG and nerve conduction studies, interferential unit, and medications. Work status was deferred to her primary treating physician. On 7-16-2015, Utilization Review non-certified the request for 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:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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 - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRI's are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. In the case of this injured worker, she has not had recent conservative therapy, demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Her case demonstrates low back pain with radicular symptoms and stable neurologic findings; therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate at this time.