

Case Number:	CM15-0147432		
Date Assigned:	08/10/2015	Date of Injury:	10/06/2009
Decision Date:	09/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 48 year old male, who sustained an industrial injury on 10-6-09. He reported pain in his lower back and knees. The injured worker was diagnosed as having lumbosacral degenerative disc disease, lumbar disc herniation, osteoarthritis of the knee and chronic pain syndrome. Treatment to date has included a functional capacity evaluation, Norco, Trazodone, Terocin lotion and Effexor. On 3-4-15 the injured worker rated his lower back pain a 6-8 out of 10. As of the PR2 dated 7-1-15, the injured worker reports chronic lower back pain and left lower extremity numbness and tingling. He rates his pain a 7 out of 10. Objective findings include a positive straight leg raise test on the left, limited lumbar range of motion due to pain and pain in the L5-S1 distribution. The treating physician requested a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1 and Algorithm 12-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Pain Section: MRIs.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with low back complaints. These guidelines include recommendations for imaging studies to include MRIs. Table 12-1 of these MTUS guidelines describes the red flag for potentially serious underlying conditions, which if present would warrant further evaluation. In this case the medical records do not provide any evidence that the patient is experiencing any of these above cited red flag symptoms. There is no content in the patient's documented history, review of symptoms or physical examination findings that corresponds to a red flag sign. Algorithm 12-3 provides a summary of the evaluation of slow to recover patients with an occupational low back condition. In this algorithm, in the absence of red flag symptoms and without evidence of progressive neurologic dysfunction, there is no indication for further imaging studies, to include an MRI of the lumbar spine. The Official Disability Guidelines also comment on the indications for MRI imaging studies for low back complaints. In this case, the records indicate that the patient has had repeated MRI studies of the lumbar spine; the last one in November, 2013. The Official Disability Guidelines state the following regarding the rationale for repeat MRI studies: Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, based on the last documented examination, on 5/27/2015, there has been no significant change in symptoms or physical examination findings to justify a repeat MRI study. For these reasons, an MRI of the lumbar spine is not medically necessary.