

Case Number:	CM15-0148334		
Date Assigned:	08/11/2015	Date of Injury:	07/28/2012
Decision Date:	09/11/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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 54-year-old male patient, who sustained an industrial injury on 7-28-12. The diagnoses include neck sprain; displacement of lumbar intervertebral disc without myelopathy. The PR-2 notes dated 6-30-15 was not fully legible. Per the PR-2 notes dated 6-30-15, he had lumbar strain with L4-5 disc protrusion per 9-23-13 MRI with left lateral recess impingement. He had complaints of right leg pain and possible recent exacerbation. The medications list includes Anaprox. Per the physical therapy initial examination report dated 7-10-15, he had complaints of low back pain at 6/10. The physical examination revealed tight, tender low back with range of motion. He was prescribed medications - Prozac, Thyroid medications, and Motrin and muscle relaxants. He has undergone radiofrequency lesioning at L3, 4, 5 on 7/30/14. He has had MRI lumbar spine dated 9-23-13, which revealed L4-5 disc protrusion with left lateral recess impingement. This MRI report was not specified in the records provided. He was recently certified for 6 physical therapy visits. The provider is requesting authorization of MRI lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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: Magnetic resonance imaging (MRI) of the lumbar spine. 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 MRI lumbar spine dated 9-23-13, which revealed L4-5 disc protrusion with left lateral recess impingement. This MRI report was not specified in the records provided. 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 Magnetic resonance imaging (MRI) of the lumbar spine is not fully established for this patient at this juncture.