

Case Number:	CM15-0148933		
Date Assigned:	08/07/2015	Date of Injury:	03/30/2012
Decision Date:	09/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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 62-year-old female patient, who sustained an industrial injury on 3-30-12. The diagnoses include lumbar herniated nucleus pulposus. She sustained the injury due to a fall from a chair and then she landed on her right knee. Per the doctor's note dated 6/3/2015, she had complains of low back pain, neck pain, bilateral knee pain and left ankle pain. Physical examination revealed cervical spine- tenderness, spasm and decreased range of motion; lumbar spine- tenderness, spasms, and pain with end range of motion; tenderness and pain with end range of motion over the bilateral knee and left ankle. The medications list includes anaprox, prilosec, norflex, tramadol and topical compound creams. She has had EMG lower extremities on 3/25/15 and NCS on 3/20/15 with normal findings; lumbar spine MRI dated 1/6/2014 which revealed disc desiccation at L3-4 to L5-S1 and diffuse disc herniation at L4-5 and L5-S1; lumbar MRI dated 12/18/2014 which revealed no significant difference from previous study; right knee MRI dated 1/6/2014; left ankle MRI dated 1/6/14, neck soft tissue MRI dated 1/21/14. Treatment to date has included physical therapy, chiropractic treatment, injections, and medication. The treating physician requested authorization for a lumbar MRI.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: Per the ACOEM low back guidelines 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 had EMG lower extremities on 3/25/15 and NCS on 3/20/15 with normal findings; lumbar spine MRI dated 1/6/2014, which revealed disc desiccation at L3-4 to L5-S1 and diffuse disc herniation at L4-5 and L5-S1; lumbar MRI dated 12/18/2014, which revealed no significant difference from previous study. 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 MRIs 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. The medical necessity of MRI lumbar spine is not fully established for this patient at this juncture.