

Case Number:	CM15-0149362		
Date Assigned:	08/12/2015	Date of Injury:	02/01/2001
Decision Date:	09/10/2015	UR Denial Date:	07/08/2015
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: California

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

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 75 year old male who sustained an industrial/work injury on 2-1-01. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar disc disorder with radiculitis, degenerative disc disease not otherwise specified, and lumbar facet arthroscopy syndrome. Treatment to date includes medication, surgery, and diagnostics. Currently, the injured worker complained of low back pain that radiated to the bilateral lower extremity with numbness in the anterior thigh and tingling in the feet. There was weakness and pain was rated 7 out of 10. Per the primary physician's report (PR-2) on 6-30-15, exam noted decreased range of motion with increase in pain in all planes, 4 out of 5 motor strength in bilateral hip flexors and 5 out of 5 elsewhere in the bilateral lower extremities, normal sensation to light touch, pinprick, and temperature. Deep tendon reflexes are 1+ at ankles, positive straight leg raise bilaterally for radicular symptoms, and tenderness to palpation along the lumbar spine. The requested treatments include MRI lumbar spine.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (magnetic resonance imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a previous MRI in 2008. There have been no appreciable interval changes in signs and symptoms since that MRI and there are no indications of red flags, therefore, the request for MRI lumbar spine is determined to not be medically necessary.