MAXIMUS Federal Services

Case Number:	CM15-0149573		
Date Assigned:	08/12/2015	Date of Injury:	10/16/2013
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
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: Physical Medicine & Rehabilitation

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 31-year-old female, who sustained an industrial injury on 10-16-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having disc displacement, lumbar sprain-strain, cervical and thoracolumbar pain and cervical myofasciitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-10-2015, the injured worker complains of pain in the cervical, thoracic and lumbar area rated 5 out of 10. Physical examination showed tenderness in the cervical and lumbar spine and decreased cervical and lumbar range of motion. The treating physician is requesting Lumbar spine magnetic resonance imaging.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 333-796.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: Based on the 04/29/15 progress report provided by treating physician, the patient presents with lumbar spine pain rated 6/10. Per progress report dated 03/18/15, the patient has continuous pain to lower back, right ankle, heel, and notes numbness and tingling in right foot. The request is for MRI OF THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 06/19/15 includes low back pain. Diagnosis on 03/18/15 included thoracolumbar spine pain, rule out discogenic low back pain, and rule out right leg radiculopathy. Physical examination to the lumbar spine on 04/29/15 revealed tenderness to palpation and decreased range of motion, especially on extension 20 degrees. Treatment to date has included physical therapy and medication management. Patient's medications include Voltaren and Fexmid. The patient is temporarily totally disabled, per 04/29/15 report. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRI's are indicated only if there has been progression of neurologic deficit." ODG guidelines further states that "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)." Per 03/18/15 report, treater states, "Due to persistence pain, MRI studies of [the patient's] spine were obtained and she was referred for an orthopedic evaluation." It appears that this is a retrospective request, since MRI has been done prior to authorization. In this case, the patient continues with low back pain with radicular symptoms despite conservative care; and treater intends to rule out discogenic low back pain and right leg radiculopathy, which indicate neurologic deficit. There is no indication of prior MRI of the lumbar spine. This retrospective request appears reasonable and in accordance with guideline indications. Therefore, the request IS/WAS medically necessary. NOTE: This request would not be warranted for a repeat MRI of the lumbar spin.