

Case Number:	CM15-0161329		
Date Assigned:	08/27/2015	Date of Injury:	10/14/2005
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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 54 year old male, who sustained an industrial injury on October 14, 2005, incurring low back and right knee injuries. He was diagnosed with lumbar disc disease, facet joint hypertrophy, lumbosacral radiculopathy and osteoarthritis of the left knee. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, proton pump inhibitor, topical analgesic creams, pain medications, transcutaneous electrical stimulation unit, and work restrictions and activity modifications. Currently, the injured worker complained of persistent pain in both knees and back. He had increased pain standing for prolonged periods of time. He noted constant throbbing worse with activities to the lower back radiating into both legs and both knees. The injured worker had restricted range of motion and decreased strength secondary to the consistent pain. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

Decision rationale: The patient was injured on 10/14/05 and presents with right knee pain and low back pain. The request is for a MRI OF THE LUMBAR SPINE. The RFA is dated 07/13/15 and the patient is to return to modified duties on 07/08/15 with limited kneeling, squatting, stooping, bending, and climbing. The patient had a prior MRI of the lumbar spine on 09/14/10 which revealed a 5-6 mm posterior disc herniation at L4-L5 with disc dessication, increased signal posteriorly with findings consistent with an annular tear, and bilateral lateral recess stenosis. There was also a 4 mm posterior disc protrusion at L5-S1 with disc dessication, moderate hypertrophic facet changes, and bilateral lateral recess stenosis. For special diagnostics, ACOEM Guidelines page 303 states, Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines, Low Back-Lumbar and Thoracic Chapter, under MRIs states that MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit. ODG Guidelines, Low Back-Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements, See Range of motion (ROM); Flexibility. For spinal instability, may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient is diagnosed with lumbar disc disease, facet joint hypertrophy, lumbosacral radiculopathy and osteoarthritis of the left knee. The patient has a restricted range of motion and decreased strength secondary to the consistent pain. The patient had a prior MRI of the lumbar spine on 09/14/10. The reason for the request is not provided. In this case, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary.