

Case Number:	CM15-0163204		
Date Assigned:	08/31/2015	Date of Injury:	04/25/2014
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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 30 year old male, who sustained an industrial injury on 4-25-2014. He reported low back pain. Diagnoses have included rule out thoracic myelopathy, lumbar radiculopathy, lumbar stenosis and thoracic herniated nucleus pulposus (HNP). Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5-28-2015, the injured worker complained of pain in the mid and low back. He rated his pain as seven to eight out of ten with medications and nine to ten out of ten without medications. Exam of the thoracic spine revealed tenderness to palpation along the midline. Exam of the lumbar spine revealed pain across the lumbosacral junction with restricted range of motion. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: 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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The current request is for a Lumbar Spine MRI. The RFA is dated 07/02/15. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. 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." Per report 05/28/15, the patient presents with continued low back pain. Examination of lumbar spine revealed pain across the lumbosacral junction with restricted range of motion. There is decreased sensation at L5-S1 bilaterally and motor strength is 4/5. The treater has recommended a lumbar epidural injection and is requesting an updated MRI, as he is unable to obtain the old one. Prior MRI of the l-spine from 07/17/14 showed mild herniated disc at L3-4 and L4-5, and moderate right L4-5 facet hypertrophy. In this case, there is no significant change in symptoms or examination findings to warrant a repeat MRI. ODG guidelines states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." This request IS NOT medically necessary.