

Case Number:	CM15-0164362		
Date Assigned:	09/01/2015	Date of Injury:	11/09/2012
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey

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:

The injured worker is a 41 year old female who sustained an industrial-work injury on 11-9-12. She reported an initial complaint of pain to the lumbar spine. The injured worker was diagnosed as having lumbar disc herniation at L4-5 with encroachment of L5 nerve roots, small to moderate disc herniation at L4-5 with encroachment of L5 nerve roots, lumbosacral sprain with radicular symptoms, and depression and anxiety. Treatment to date includes medication, ESI (epidural steroid injection) to lumbar region, therapy, acupuncture, psychiatric evaluation, and chiropractic treatment. MRI results were reported on 4-15-13 noting degenerative change with mild dural compression at L3-4, mild dural compression at L4-5 encroaching the transversing L5 nerves. Currently, the injured worker complained of lumbar pain rated 4-5 out of 10 with radicular pain to both lower extremities to foot and ankle. Per the primary physician's report (PR-2) on 6-19-15, exam of the thoracolumbar spine notes decreased range of motion, positive straight leg raise bilaterally, and normal gait. Current plan of care included update the MRI (magnetic resonance imaging) and pain management. The requested treatments include MRI to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 289-290, 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Lumbar and Thoracic (Acute and Chronic) MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case reported that she was interested in surgery on her lower back, followed by the provider suggesting an up to date MRI, presumably in preparation for the surgery. However, as repeat imaging would require a significant change in symptoms and/or physical examination findings and upon review of the note, there was insufficient evidence from the recent notes to suggest any significant change in her condition to warrant a repeat MRI. One year prior MRI findings were consistent with matching her symptoms then as well as her symptoms now, which are essentially unchanged. Regardless of the intention to follow through with surgery or not, the repeat lumbar MRI cannot be justified according to the information presented in the notes made available for review. Use of the prior MRI results should be sufficient. Therefore, the request is not medically necessary.