

Case Number:	CM15-0166498		
Date Assigned:	09/04/2015	Date of Injury:	08/19/2001
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This injured worker is a 61 year old female who reported an industrial injury on 8-19-2001. Her diagnoses, and or impression, were noted to include: chronic cervical and lumbar pain. Her treatments were noted to include: a functional capacity evaluation on 4-8-2015; medication management with toxicology screenings; and rest from work. The progress notes of 8-4-2015 noted a re-evaluation for continued symptomatology with regard to her shoulder and back, with the addition of numbness and tingling symptoms in her legs, left > right, with predilection for falls; and that her magnetic resonance imaging studies had been denied. Objective findings were noted to include: frustration; and the description of assessment findings, of 7-6-2015, from the pain management physician as being similar to what was described by her during this review of symptoms. The physician's requests for treatments were noted to include a re-request for magnetic resonance imaging studies of the lumbar spine for the purpose of defining her anatomy in order to move forward with pain management procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging) (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

Decision rationale: The patient was injured on 08/19/01 and presents with shoulder pain and back pain. The request is for a MRI OF THE LUMBAR SPINE. The utilization review rationale is that the examination does not demonstrate specific nerve root compromise to warrant MRI at this time. The RFA is dated 08/11/15 and the patient is not currently working. Review of the reports provided does not indicate if the patient had a recent MRI of the lumbar spine. MTUS/ACOEM Guidelines, Chapter 12, Special Studies Section, 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 a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient is diagnosed with chronic cervical and lumbar pain. Recent objective findings are not provided. The 08/04/15 report states that the MRI is for defining her anatomy so that [REDACTED] might be able to move forward with his interventional pain management procedures given the fact that the previous MRI is really quite dated. But in addition to this, she is seeming to have more radicular symptoms. There has been a progression and the MRI would seem to be warranted to assess the compromise or lack of compromise of L4, L5, and S1 nerve roots in the lumbar spine. Given that the patient's injury is from 14 years ago and has an increase in radicular symptoms, an updated MRI of the lumbar spine appears reasonable. The request IS medically necessary.