

Case Number:	CM15-0166557		
Date Assigned:	09/04/2015	Date of Injury:	10/04/2007
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
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:

The injured worker is a 63-year-old female who sustained an industrial injury on October 4, 2007 resulting in low back pain. Diagnoses have included lumbar pain and radiculopathy, and muscle spasm. Documented treatment includes Voltaren gel, and acupuncture seven years ago which is stated in the physician note of June 16, 2015 to have decreased pain. The injured worker continues to present with worsening low back pain radiating down both legs and into the right foot including numbness and tingling. The treating physician's plan of care includes MRI of the lumbar spine. Work status is documented as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, left greater than right. The request is for MRI (magnetic resonance imaging) lumbar

spine. Patient is status post lumbar spine surgery, 07/2008. Physical examination to the lumbar spine on 08/25/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was noted to be limited. Per Request for Authorization Form dated 08/27/15, patient's diagnosis include lumbar sprain/strain, and lumbar radiculopathy. Patient is permanent and stationary. MTUS/ACOEM Guidelines, Chapter 12, Low Back Complaints Chapter, page 303 states the following regarding MRI of the lumbar spine: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging--Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (Magnetic Resonance Imaging) state: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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)." In progress report dated 08/25/15, the treater is requesting a repeat MRI of the lumbar spins for the patient's increased pain in the lumbar spine and bilateral lower extremities radicular pain. ODG guidelines 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)". In this case, the treater has not documented any significant change in symptoms or findings indicating a significant pathology. This request is not medically necessary.