

Case Number:	CM15-0183755		
Date Assigned:	09/24/2015	Date of Injury:	12/15/2013
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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 60 year old female, who sustained an industrial injury on 12-15-2013. The injured worker is being treated for thoracolumbar sprain-strain with myofascitis. Treatment to date has included physical therapy, medications, activity modification and diagnostics. Per the Primary Treating Physician's Progress Report dated 7-15-2014, the injured worker reported pain and muscle spasms of the neck and upper back, middle back, low back with pain radiating into her shoulder blades, buttocks, hips and bilateral lower extremities. She also reports bilateral shoulder pain radiating into the arms and bilateral knee pain left worse than right. Objective findings of the lumbar spine included tenderness to the paraspinals bilaterally (left worse than right) with significantly decreased range of motion with flexion extension and lateral bending bilaterally. Work status was to remain off work. The plan of care included continuation of medication, physical therapy and a functional capacity evaluation. On 9-01-2015, Utilization Review non-certified the request for magnetic resonance imaging (MRI) lumbar spine without dye (DOS 9-16-2014) citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the lumbar spine DOS: 9/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with pain in the cervical spine radiating to the bilateral shoulders and pain in the lumbar spine, radiating to the bilateral hips, buttocks and lower extremities. The request is for retrospective MRI of the lumbar spine DOS: 9/16/14. Physical examination to the lumbar spine on 08/07/14 revealed tenderness to palpation to the paravertebral muscles and sacroiliac joints, bilaterally. Range of motion was noted to be decreased in all planes. Per 07/15/14 progress report, patient's diagnosis include cervical sprain/strain with myofascitis, thoracolumbar sprain/strain with myofascitis, sprain/strain bilateral shoulders with rotator cuff tendinitis - status post right shoulder arthroscopy with subacromial decompression, sprain/strain bilateral knees with patellar tendinitis. Per 07/15/14 progress report, patient is temporarily totally disabled until 08/30/14. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "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 discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1-month conservative therapy; prior lumbar surgery; cauda equina syndrome. In progress report dated 08/07/14, the treater states, "The MRI scans are going to offer me hopefully a guide of the instructions for any further medical care that is necessary beyond the conservative management." Review of the medical records provided indicate that the patient had an MRI of the lumbar spine on 06/17/14. 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)." 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.