

Case Number:	CM15-0183922		
Date Assigned:	09/24/2015	Date of Injury:	06/11/2006
Decision Date:	11/12/2015	UR Denial Date:	08/21/2015
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:

This 46 year old male sustained an industrial injury on 6-11-06. Documentation indicated that the injured worker was receiving treatment for lumbago. Documentation indicated that previous treatment included medications. In an office visit dated 5-19-15, the injured worker presented for initial evaluation. No subjective complaints were documented. Physical exam was remarkable for lungs clear to auscultation, heart with regular rate and rhythm and soft abdomen without tenderness to palpation. Musculoskeletal exam was documented as "weakness and chronic pain issues". The treatment plan included return to clinic as needed. In a progress note dated 7-21-15, the injured worker complained of ongoing low back pain with radiation to the legs. The injured worker reported that the last magnetic resonance imaging of the back was 8 to 9 years ago. Physical exam was remarkable for cervical, thoracic, lumbar and sacral spine without tenderness to palpation and "full" range of motion and positive straight leg raise "with positive radiculopathy". The treatment plan included a prescription for Ultram and magnetic resonance imaging lumbar spine. On 8-21-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI-Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

Decision rationale: The patient presents on 07/31/15 with lower back pain with severe radiculopathy in the bilateral lower extremities. The patient's date of injury is 06/11/06. Patient has no documented surgical history directed at this complaint. The request is for MRI OF THE LUMBAR SPINE. The RFA was not provided. Physical examination dated 07/31/15 is unremarkable except for subjective complaints of bilateral radiculopathy. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS/ACOEM Guidelines, Low Back Complaints, 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." Official Disability 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for an MRI of the lumbar spine, the treater has not provided evidence of progressive neurological deficit. Most recent progress note dated 07/31/15, includes subjective complaints of lower back pain with severe radiculopathy in the bilateral extremities, however the examination findings are largely unremarkable and there is no neurological assessment of the lower extremities included. The previous progress note, dated 07/21/15 indicates that the patient underwent an MRI of the lower back approximately 8-9 years ago, though the findings of this study are not included for review. The physical examination 07/21/15 includes documentation of "+straight leg sign" though the provider does not indicate the severity or specific side, and does not include unequivocal findings of specific nerve compromise in a dermatomal distribution. There is no discussion of progressive neurological deficit, or other "red flags" which would warrant repeat imaging. Without such documentation, MRI imaging cannot be substantiated. The request IS NOT medically necessary.