

Case Number:	CM15-0184205		
Date Assigned:	09/24/2015	Date of Injury:	12/05/2013
Decision Date:	11/02/2015	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: Preventive Medicine, Occupational Medicine

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 38 year old female, who sustained an industrial injury on 12-05-2013. The injured worker is being treated for lumbar disc disorder, lumbar spinal disorder and lumbar radiculopathy. Treatment to date has included steroid injection to the right greater trochanter (7-21-2015), therapy, medications and diagnostics including electrodiagnostic testing (7-31-2015) and magnetic resonance imaging (MRI) of the lumbar spine (7-09-2015). Per the Primary Treating Physician's Progress Report dated 8-18-2015, the injured worker presented for reevaluation. She reported low back pain located in the bilateral lumbosacral area radiating to the right thigh area. She rates her pain as 8 out of 10 at this time. Objective findings included tenderness to palpation of the bilateral lumbosacral and facet joints. Facet loading was positive bilaterally. Range of motion was decreased in all directions. Magnetic resonance imaging (MRI) of the lumbar spine dated 7-9-2015 was reviewed and showed "2mm central disc protrusion at the level of L4-5 and 2mm diffuse disc bulge at the level of L5-S1. At the level of L4-5 the protruded disc flattens the ventral aspect of the thecal sac." Work status was not provided per the note dated 8-18-2015. The plan of care included injections and medications. On 8-21-2015, Utilization Review non-certified the request for magnetic resonance imaging (MRI) lumbar spine citing lack of documented medical necessity per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without dye: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (magnetic resonance imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a lumbar MRI on 7/9/14 that revealed L4-L5 and L5-S1 disc desiccation with a 2 cm central disc protrusion at the same level. There is no rationale for this repeat MRI and there is no documented interval changes that would suggest the need for a new MRI. The request for MRI of lumbar spine without dye is determined to not be medically necessary.