

Case Number:	CM15-0184833		
Date Assigned:	09/25/2015	Date of Injury:	05/07/2013
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 49 year old male, who sustained an industrial injury on 5-7-13. The injured worker is undergoing treatment for cervical and lumbar complaint and rule out ossification of the posterior longitudinal ligament. Medical records dated 7-10-15 indicate the injured worker complains of "constant headaches, my neck hurts when I turn to either side, my shoulders get swollen and pop when I move them. I have a constant upper and lower back pain." Low back pain is described as stabbing and rated 7 out of 10. He reports it awakens him at night, is worsening and radiates to the legs with numbness and pins and needles. The treating physician indicates, "he cannot climb stairs, must use a cane and has fallen." Physical exam dated 7-10-15 notes decreased cervical and lumbar range of motion (ROM), an antalgic gait with forward bent stance and use of cane for ambulation. There is positive bilateral straight leg raise and lower extremity weakness. Treatment to date has included 6-24-14 lumbar magnetic resonance imaging (MRI) with impression L4-5 and L5-S1 disc protrusion and annular tear and probable right renal cyst, physical therapy, medication, and lumbar epidural steroid injection "no lasting benefit." The original Utilization Review dated 8-25-15 indicates the request for magnetic resonance imaging (MRI) of the lumbar spine without contrast is non-certified.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2013, Low Back Disorders.

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 - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRI's are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. Repeat MRI is indicated when there is a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this injured worker, he has had a previous MRI of the lumbar spine (6-24-14) with continued stable exam findings, and no demonstrated red-flag diagnoses; however, it is not clear from the available records whether he has had documented progressive neurologic deficits. Therefore, the request for repeat MRI of the lumbar spine without contrast is not medically necessary and appropriate at this time.