

Case Number:	CM15-0185673		
Date Assigned:	09/25/2015	Date of Injury:	05/05/2012
Decision Date:	11/02/2015	UR Denial Date:	09/16/2015
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
 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 44 -year-old male who sustained an industrial injury on May 5, 2012. Diagnoses have included lumbago, lumbar disc displacement, and lumbosacral neuritis. A "repeat MRI" is referenced in the 8-21-2015 note as "status post laminotomy and facetectomy at L4-5 with possible recurrence of left disc protrusion at L4-5 with effacement of thecal sac impinging on the left L5 nerve root." This report is not present in the medical records provided, nor is the date of service. Documented treatment includes an undated laminotomy and facetectomy, "failed physical therapy and medication," and home exercise. Medication is noted to include Norco, Flexeril, Gabapentin and Omeprazole, stated to provide a 50 percent temporary decrease in symptoms. The injured worker continues to complain of low back pain, and on 8-24-2015 rated it as 6 out of 10 which is limiting his activities. The physician noted a slow but normal gait, flattening of the lordotic curvature, range of motion decreased with flexion and extension "due to pain but improved," moderate tenderness in the lumbosacral areas with mild muscle spasm; and, positive straight leg raising with the left being greater than right. The treating physician's plan of care includes a repeat MRI of the lumbar spine, which was denied on 9-16-2015. The injured worker has been on modified work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar & Thoracic (Acute & Chronic), MRI (magnetic resonance imaging).

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

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change or new injury to supporting repeating the lumbar spine MRI. Exam showed diffuse tenderness and range without any progressive or neurological deficits. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The One MRI of the lumbar spine is not medically necessary and appropriate.