

Case Number:	CM15-0192255		
Date Assigned:	10/06/2015	Date of Injury:	01/24/2014
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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 53 year old male, who sustained an industrial injury on 1-24-2014. The medical records indicate that the injured worker is undergoing treatment for multiple level disc bulges, probably multiple level degenerative disc disease of the lumbar spine, facet spondylosis at L5-S1 associated with some stenosis, bilateral lower extremity radiculitis, alleged annular disc disruption at L1-2, and chronic pain syndrome. According to the progress report dated 9-10-2015, the injured worker presented with complaints of constant, moderate-to-severe lower back pain with radiation into his bilateral buttocks and occasional radiation into both hips. He notes some numbness in his lower back, but not in his legs. The level of pain is not rated. The physical examination of the lumbar spine reveals mild tenderness over the lower lumbar spinous processes, paraspinal muscles, and sacroiliac joints. The current medications are Tylenol. Previous diagnostic studies include x-rays and MRI (2014). Treatments to date include medication management, physical therapy (minimal benefit), chiropractic, and pain management evaluation. Work status is described as temporarily totally disabled. The original utilization review (9-17-2015) had non-certified a request for MRI of the 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: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

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

Decision rationale: Review indicates the last MRI of the lumbar spine was done in 2014 which showed diffuse multilevel disc bulges with foraminal stenosis. The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed tenderness with intact sensation and reflexes and without radicular signs. 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 January 2014 injury have not adequately demonstrated the indication for 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 MRI of the Lumbar Spine is not medically necessary and appropriate.