

Case Number:	CM15-0195955		
Date Assigned:	10/09/2015	Date of Injury:	04/15/2010
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 52 year old male who sustained an industrial injury on 04/15/2010. A review of the medical records indicated that the injured worker is undergoing treatment for lumbosacral spondylosis and cervical disc degeneration. According to the treating physician's progress report on 08-25-2015, the injured worker continues to experience chronic neck and low back pain. Examination of the musculoskeletal system noted "pain when leaning forward, trigger points noted; pain to palpation at midline, paraspinal area, and lateral lumbar tenderness with palpation". Neurological examination demonstrated no focal abnormalities. According to the pain scale report the injured worker had 0 level of pain with and without medications. According to the treating physician's progress report on 06-22-2015, the injured worker rated his low back pain as 3 out of 10 on the pain scale. Examination on 06-22-2015 demonstrated tenderness at the lumbar spine and facet joints, decreased flexion, extension and lateral bending. Prior treatments have included diagnostic testing, Morphine Sulfate IR and Nexium. Treatment plan consists of magnetic resonance imaging (MRI) of the lumbar spine. On 09-18-2015 the Utilization Review determined the request for MRI of the lumbar spine was not medically necessary.

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.

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

Decision rationale: According to CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 6/22/15. There is no evidence of radiculopathy documented in the exam notes, nor is there any specific changes on physical exam documented that would suggest a new MRI would show any new findings as compared to the study in 2010. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore the request of the MRI of the lumbar spine is not medically necessary.