

Case Number:	CM15-0196366		
Date Assigned:	10/12/2015	Date of Injury:	12/21/2013
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 42 year old man sustained an industrial injury on 12-21-2013. Diagnoses include lumbar radiculopathy, low back pain, degenerative disc disease of the lumbar spine, lumbar spine herniated nucleus pulposus, and post concussive syndrome. Treatment has included oral medications. Physician notes dated 9-10-2015 show complaints of continued persistent low back pain rated 10+ out of 10 with radiation to the bilateral lower extremities with weakness. The physical examination shows normal deep tendon reflexes, normal muscle strength, and "marked decrease in range of motion of lumbar spine" without measurements. Recommendations include lumbar spine MRI and X-rays, Percocet, and follow up in three weeks. Utilization Review denied a request for lumbar spine MRI on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine: Upheld

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

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 section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar radiculopathy; low back pain; degenerative disc disease lumbar spine and herniated nucleus pulposus lumbar spine. Date of injury is December 21, 2013. Request for authorization is September 15, 2015. The documentation shows the injured worker received an MRI of the lumbar spine February 28 2014. The MRI showed degenerative changes, facet arthropathy and variable spinal stenosis with neuroforaminal stenosis. According to a September 10, 2015 progress note, subjective complaints include low back pain that radiates to the legs right greater than left. A score is 10/10. Pain is ongoing. Objectively, there is decreased range of motion at the lumbar spine. There are no other objective clinical findings documented in the medical record referencing the lumbar spine. There is no neurologic evaluation. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical examination of the lumbar spine, no neurologic evaluation of the low back and lower extremities and no unequivocal objective findings that identify specific nerve compromise, MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary.