

Case Number:	CM15-0196603		
Date Assigned:	10/12/2015	Date of Injury:	03/04/2012
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
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, Hawaii
 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:

This injured worker is a 64 year old female, who sustained an industrial injury on 03-04-2012. The injured worker was diagnosed as having low back pain displacement of lumbar intervertebral disc without myelopathy and spasms. On medical records dated 08-07-2015, 08-17-2015 and 09-01-2015, the subjective complaints were noted as low back pain, non-radiating. Pain was noted as 8 out of 10. And can increase to 11 out of 10. Objective findings were noted as lumbar spine range of motion within normal limits except flexion and left sided bending was noted with pain. Tenderness over the paraspinal muscles overlying the facet joint on the left disc. Treatments to date included massage and medication. Current medications were listed as Flector 1.3 % transdermal 12 hours patch, Ibuprofen 400m, Lidoderm adhesive patch, Omeprazole, Tizanidine and Vicodin. The Utilization Review (UR) was dated 09-10-2015. A Request for Authorization was dated 08-31-2015 for MRI of lumbar spine was submitted. The UR submitted for this medical review indicated that the request for MRI of lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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 (ODG), Low back - MRI.

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

Decision rationale: The patient presents with increased, non-radiating low back pain. The current request is for MRI of the Lumbar Spine. The treating physician's report dated 09/01/2015 (15B) states, "Patient has had a change in status since her last visit with reported 10/10 non-radiating low back pain x 3-4 weeks. Her exam was essentially normal except for severe pain with palpation to the mid lower spine in the L4-5 region R<L. Lumbar MRI from 2012 showed disc herniation at L4-L5 and nerve root impingement at left L5-S1. The patient does not demonstrate radicular signs or symptoms. I am recommending she have an updated Lumbar MRI for further evaluation and treatment planning." The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states that 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 would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines under the Low Back chapter on MRI also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. In this case, while the physician notes a change in the status of the patient's pain, there are no significant changes in objective findings, there is no radicular pain and there are no signs of red flags being present. There are no new reports of injury or trauma. Therefore, the patient does not meet the required criteria for a repeat MRI based on the ACOEM and ODG Guidelines. The current request is not medically necessary.