

Case Number:	CM15-0197245		
Date Assigned:	10/12/2015	Date of Injury:	02/16/2014
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 64 year old, female who sustained a work related injury on 2-16-14. A review of the medical records shows she is being treated for neck, back, and shoulder pain. Treatments have included acupuncture and home exercises. In the progress notes, the injured worker reports since last visit, she has "taken a turn for the worse." She experienced increased back pain. She was seen by her regular doctor who gave her medication and a cane. She is "feeling better today." In physical exam dated 9-16-15, she has moderate tenderness on palpation of the thoracolumbar spine, greater on the left side. She has pain at the left sacroiliac joint and left paralumbar musculature. She flexes at the waist and reports left paralumbar and buttock pain. She reports paresthasias going down left leg. X-rays of lumbar spine dated 12-17-14 reveal "straightening on lateral view. AP view shows almost but not quite Sacralization of the left L5 transverse process." She is working light duty with restrictions. The treatment plan includes a request for an MRI of the lumbar spine. In the Utilization Review dated 9-25-15, the requested treatment of an MRI of the lumbar spine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, MRI.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Magnetic resonance imaging of the lumbar spine. The treating physician report dated 9/16/15 (33B) states, "She now has paresthesias down the leg and appears to have trunk shift to the right side to request a new more up-to-date MRI of the lumbar spine to try to explain the change and worsening of her symptoms." The report goes on to state (32B), "The patient states that since her last visit she has taken a turn for the worse. She developed significant increased back pain. She does not recall any particular activity that caused a flare up in her pain." The MTUS guidelines do not address the current request. The ODG has the following regarding MRI of the lumbar spine: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The medical reports provided show that the patient has received an MRI of the low back previously, although a date of the prior MRI was not specified. In this case, while the patient has received a previous MRI of the lumbar spine, there is evidence in the documents provided that suggest that the patient has had a significant change in symptoms. The ODG guidelines recommend a repeat MRI if the patient is experiencing a significant change in symptoms that is corroborated by findings during examination. The treating physician has documented a change in the patient's symptoms and is requesting an updated MRI in order to diagnose and properly treat the patient. The current request satisfies the ODG guidelines as outlined in the "Low Back" chapter. The current request is medically necessary.