

Case Number:	CM15-0200689		
Date Assigned:	10/15/2015	Date of Injury:	06/03/2015
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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 55 year old male, who sustained an industrial injury on 6-3-15. The injured worker was diagnosed as having lumbar strain and lumbar radiculopathy. Subjective findings (6-3-15, 6-24-15, and 7-17-15) indicated lower back pain. Objective findings (6-3-15, 6-24-15, and 7-17-15) revealed "restricted" lumbar range of motion and tenderness and spasms in the lower back. Treatment to date has included a lumbar x-ray on 6-6-15 showing advanced multilevel disc degeneration and spondylosis deformans, physical therapy for the lower back x 6 sessions, Motrin and Flexeril. The Utilization Review dated 10-2-15, non-certified the request for an outpatient lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Magnetic resonance imaging (MRI) of the 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 chapter, under MRIs.

Decision rationale: The patient presents with low back pain. The request is for OUTPATIENT MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE. Physical examination to the lumbar spine on 07/24/15 revealed tenderness to palpation to the paravertebral muscles. Patient's treatments have included X-rays, medication, and physical therapy, with benefits. Per 09/24/15 Request For Authorization, patient's diagnosis includes lumbar radiculopathy. Patient's work status is modified duties. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 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." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the [REDACTED]. Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. The treater does not specifically mention this request. Review of the medical reports provided do not indicate a prior MRI of the lumbar spine. The patient continues with low back pain. Physical examination to the lumbar spine revealed tenderness to palpation over the paraspinal muscles. In this case, treater has not documented "Unequivocal objective findings that identify specific nerve compromise" on physical exams, as required by MTUS. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. There are no discussions of trauma to the spine nor evidence of red flags, to warrant an MRI study. This request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.