

Case Number:	CM15-0202569		
Date Assigned:	10/19/2015	Date of Injury:	07/25/2011
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 7-25-11. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis; sleep disturbance. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker is in the office as a follow-up appointment. The provider documents "patient complains of lower back pain. Patient rates the pain as 7 out of 10 with zero being no pain and 10 having the worst pain possible. The pain is characterized as burning, shooting, sharp and stabbing. It radiates to the neck, right hip, right thigh and right leg. Condition is associated with cramps, difficulty in ambulation, muscle spasms, numbness tingling of affected limbs, swelling and weakness right leg. It is aggravated by driving, prolonged sitting, standing and walking. Relieving factors include heat, medications and rest. He states medications are helping." The provider documents a physical examination. He notes the injured worker reports more weakness in his hips in the morning. He notes "positive limitations of motion, muscle cramps, back pain and stiffness. Gait of the patient is normal. Lumbar range of motion is restricted with extension limited to 20 degrees limited by pain, lateral rotation to the left limited to 20 degrees limited by pain and lateral rotation to the right limited to 20 degrees but normal flexion. On palpation, paravertebral muscles, tenderness is noted on the right side. Spinous process tenderness is noted on the L2, L3, L4 and L5. Lumbar facet loading is positive on the right side and negative on the left side. Straight leg raising is positive on the right side at 60 degrees in sitting position and negative on the left side at 90 degrees tenderness noted over the

sacroiliac spine." The provider's treatment plan includes a request for Functional Restoration Program (FRP), psychological therapy for chronic pain syndrome, medications refill and a MRI of the lumbar spine to see progression of degenerative disc disease of L4-L5, L5-S1. The PR-2 dated 8-20-15 complained of lower back pain with provider's documentation noting "rates pain as 8 out of 10." A same to similar physical examination and medications. A PR-2 note dated 6- 11-15, the provider documented pain level for lower back pain as "6 out of 10". A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-9-15 and non- certification for MRI of the lumbar spine without contrast. A request for authorization has been received for MRI of the lumbar spine without contrast.

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 without contrast: 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), MRIs.

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

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction or change in exam since 1/2015. Patient has had an MRI already with known findings done in 2013 but the full results and report was not provided for review. There is no justification documented for why MRI of lumbar spine was needed except for "progression of DDD". Documentation fails to provide any evidenced based justification for request. MRI of lumbar spine is not medically necessary.