

Case Number:	CM15-0205458		
Date Assigned:	10/22/2015	Date of Injury:	10/08/2014
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 25 year old female who sustained an industrial injury on October 8, 2014. Medical records indicated that the injured worker was treated for low back pain. Her medical diagnoses include lumbar degenerative disc disease, myofascial pain, lumbosacral radiculitis and major depression. In the provider notes dated from September 12, 2015 the injured worker complained of low back pain radiating into the lower right leg with tingling. She feels that her neuropathic pain is increasing. She has been doing home exercise program regularly. On exam, the documentation stated that there were abnormal reflexes, limited lumbar range of motion, and decreased sensation on the left dermatomes. She has "been having mood swings started about 3 weeks ago. She also has passing suicidal ideation no actual plan." She was weeping during the office visit. The treatment plan is trigger point injection, [REDACTED] psychiatrist evaluation, lumbar magnetic resonance imaging (MRI), electromyography (EMG) and nerve conduction studies, continue TENS, heating pad, and medications. Previous treatments included medications, TENS, trigger point injections and acupuncture. The documentation states that she was to return to modified work on September 12, 2015. A Request for Authorization was submitted for lumbar spine magnetic resonance imaging (MRI). The Utilization Review dated September 23, 2015 denied the request for lumbar spine MRI.

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: Upheld

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

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

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this case, the submitted documentation does not support that the injured worker has failed a treatment program of physical therapy, in an attempt to avoid surgery. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.