

Case Number:	CM15-0206717		
Date Assigned:	10/23/2015	Date of Injury:	09/27/2013
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 46 year old male, who sustained an industrial injury on 09-27-2013. The injured worker was diagnosed as having lumbago with L5-S1 sciatica (medical records are unclear as to which leg). On medical records dated 08-04-2015 and 09-01-2015, the subjective complaints were noted as low back pain. Objective findings were noted as numbness on the lateral aspect of right leg going into L5-S1 distribution, numbness was noted as right side of low back through buttock . Treatments to date included medication. Current medications were listed as Insulin, Crestor, Zetia, Januvia and Lisinopril. The Utilization Review (UR) was dated 09-17-2015. A Request for Authorization was dated 09-10-2015. The UR submitted for this medical review indicated that the request for MRI without contrast 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 without contrast 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 section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's relevant working diagnoses are lumbago with left leg L5 - S1 sciatica. For additional diagnoses, see the August 4, 2015 progress note. Date of injury is September 27, 2013. Request for authorization is September 10, 2015. According to an August 4, 2015 progress note, subjective complaints include left shoulder and low back pain that radiates to the right leg. There is bilateral knee pain. The injured worker was referred to the HELP program, but has not had orthopedic treatment. There is numbness in the lower extremities. Objectively, motor function is 5/5. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The documentation is unclear as to what workup and/or orthopedic treatment was rendered to the injured worker prior to August 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior orthopedic workup and/or treatment prior to the August 4, 2015 progress note and no unequivocal objective findings that identify specific nerve compromise on neurologic examination, MRI of the lumbar spine without contrast is not medically necessary.