

Case Number:	CM15-0206877		
Date Assigned:	10/23/2015	Date of Injury:	10/27/2014
Decision Date:	12/07/2015	UR Denial Date:	09/29/2015
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

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:

This injured worker is a 57 year old female who reported an industrial injury on 10-27-2014. Her diagnoses, and or impressions, were noted to include: lumbar sprain-strain, rule-out discogenic pain; and lumbar disc disease with radiculopathy. X-rays of the lumbar spine were done on 4-7-2015, noting discogenic spondylitis, of the lower lumbar spine, and osteopenia that was likely secondary to post-menopausal osteoporosis with clinical correlation needed and a DEXA scan recommended for quantification of bone density; recent MRI studies of the lumbar spine were done on 2-10-2015, noting mild degenerative disc disease with bulging, and facet joint disease. Her treatments were noted to include: standardized extremity testing for strength and stamina on 4-28-2015; acupuncture treatments (March & April, 2015); medication management with toxicology screenings (April & May, 2015); and rest from work. The latest progress notes provided, dated 5-7-2015 reported: pain in the lumbar spine, rated 9 out of 10, that was made worse by activities of daily living and repetitive use. The objective findings were noted to include: review of x-rays which revealed osteopenia; tenderness to the bilateral lumbar para-spinal muscles, quad "lumb", and sciatic notches, with spasms to the bilateral para-spinal and quad "lumb"; and that she had had an updated MRI. The physician's requests for treatment were not noted to include MRI of the lumbar spine. The progress notes of 2-13-2015 were noted to have a request for MRI of the lumbar spine, however it was crossed out. No Request for Authorization for MRI of the lumbar spine was noted in the medical records provided. The Utilization Review of 9-29-2015 non-certified the request for MRI of the lumbar spine.

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, Section(s): Special Studies.

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

Decision rationale: Review indicates a recent MRI studies of the lumbar spine were done on 2-10-2015, noting mild degenerative disc disease with bulging, and facet joint disease. The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MRI include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 2014 injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Lumbar Spine is not medically necessary or appropriate.