

Case Number:	CM15-0022929		
Date Assigned:	02/12/2015	Date of Injury:	12/31/1999
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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:

The injured worker is a 56 year old male with an industrial injury dated 12/31/1999. His diagnoses include cervical facet arthropathy, cervical radiculopathy, lumbar facet arthropathy, and lumbar radiculopathy. Recent diagnostic testing has included a MRI of the lumbosacral spine (08/08/2013 and 07/16/2012 without other recent testing or results. Previous treatments have included conservative care, medications, and injections. In a progress note dated 12/08/2014, the treating physician reports ongoing low back pain with radiation to the right lower extremity with numbness in the bilateral lower extremities, and frequent muscle spasms. There was also reported pain in the upper extremities and hands with a pain rating of 6/10 with medications and 8/10 without medications. The objective examination revealed lumbar spasms in the paraspinal musculature, tenderness to palpation in the bilateral paravertebral area at L4-S1, decreased sensation in the right lower extremity, decreased strength in the L4-S1 dermatomes bilaterally, and positive straight leg raises on the right. The treating physician is requesting MRI of the lumbar spine which was denied by the utilization review. On 01/13/2015, Utilization Review non-certified a request for a MRI of the lumbar spine, noting the lack of red flag findings, lack of recent imaging results, and no significant symptoms or findings suggestive of significant pathology to warrant a MRI of the lumbar spine. The MTUS ACOEM Guidelines were cited. On 02/06/2015, the injured worker submitted an application for IMR for review of 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 ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Low back section, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI of the lumbar spine 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 working diagnoses are cervical facet arthropathy; cervical radiculopathy; lumbar facet arthropathy; lumbar radiculopathy; chronic pain; and status post cervical fusion times 2. The documentation shows the injured worker had two prior magnetic resonance imaging scans of the lumbar spine. One was performed July 16, 2012 and the second was performed August 8, 2013. The treating physician requested a third magnetic resonance imaging scan to further evaluate the patient's persistent pain and symptoms. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and objective findings suggestive of significant pathology. There are no new clinical symptoms or objective findings documented in the medical record. There is no clinical indication. Additionally, there is no specific nerve compromise on the neurologic evaluation sufficient to warrant imaging. Consequently, absent clinical documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology, MRI of the lumbar spine is not medically necessary.