

Case Number:	CM15-0211489		
Date Assigned:	10/30/2015	Date of Injury:	06/24/2015
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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 is a 54 year old female with a date of injury of June 24, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain and strain, thoracic sprain and strain, and bilateral knee contusions. Medical records dated July 7, 2015 indicate that the injured worker complained of lower and upper back pain, and bilateral knee pain and restricted range of motion of the knees. Records also indicate that the pain was rated at a level of 8 out of 10. A progress note dated September 18, 2015 documented complaints of lower back pain radiating down the back of the legs, and left knee pain, and pain rated at a level of 8 out of 10. Per the treating physician (September 18, 2015), the employee had work restrictions that included frequent change of position as tolerated, limited stooping and bending, limited lifting, pushing and pulling up to ten pounds, and must take a stretch break for five minutes every fifty five minutes of sitting. The physical exam dated July 7, 2015 reveals spasms of the thoracolumbar spine and paravertebral musculature, tenderness of the thoracolumbar spine and paravertebral musculature, medial joint line tenderness of the bilateral knees, and patellar tenderness bilaterally. The progress note dated September 18, 2015 documented a physical examination that showed spasms of the thoracolumbar spine and paravertebral musculature, tenderness of the thoracolumbar spine and paravertebral musculature, medial joint line tenderness of the left knee, and patellar tenderness on the left. Treatment has included medications (Acetaminophen-Hydrocodone, Extra strength Tylenol, Anaprox, and Orphenadrine citrate), and at least seven sessions of physical therapy. The utilization review (October 1, 2015) non-certified a request for magnetic resonance imaging 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 (magnetic resonance imaging) lumbar spine without contrast: 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 (magnetic resonance imaging) 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 working diagnoses are sprain strain lumbar; sprain strain thoracic; and bilateral knee contusion. Date of injury is June 24, 2015. Request for authorization is September 24, 2015. According to a September 18, 2015 progress note, subjective complaints include intermittent low back pain that radiates to the lower extremities. There is no numbness or tingling present. The injured worker received 12 sessions. The documentation does not explain what 12 sessions refers to (i.e. physical therapy, acupuncture, chiropractic). Objectively, there is tenderness over the thoracic/lumbar spine paraspinals. Motor function is normal. Sensory examination is normal. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There are no red flags present. The diagnostic section states, "prior diagnostic studies were reviewed". Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal objective findings that identify specific nerve compromise and no red flags, MRI (magnetic resonance imaging) lumbar spine without contrast is not medically necessary.