

Case Number:	CM15-0212812		
Date Assigned:	11/02/2015	Date of Injury:	10/29/2012
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on October 29, 2012. The injured worker was diagnosed as having cervical spine degenerative disc disease, cervical disc herniation, multiple loose teeth status post dental rehabilitation, and right hip pain. Treatment and diagnostic studies to date has included medication regimen, transforaminal epidural steroid injections of the lumbar spine on November 18, 2014 and October 10, 2014, status post cervical fusion, magnetic resonance imaging of the lumbar performed July 15, 2014, ultrasound therapy, x-ray of the right hip, chiropractic therapy, x-ray of the cervical spine, laboratory studies, physical therapy, and magnetic resonance imaging of the lumbar performed on February 19, 2015. In a progress note dated September 24, 2015 the treating physician reports complaints of sharp, aching, shooting, "severe", continuous, intense, throbbing, pain to the neck, back, and hip regions along with numbness and tingling. Examination performed on September 24, 2015 was revealing for restrictions to the cervical spine, the lumbar spine, the occiput region, the left pelvis, the sacrum, the right pelvis, and coccyx; tenderness to the lower thoracic, thoracolumbar, upper lumbar, lower lumbar, and the lumbosacral spine; spasms to the anterior head, bilateral shoulders, bilateral arms, bilateral elbows, bilateral wrists, bilateral hands, right anterior pelvis and hip, right anterior thigh, right anterior knee, right posterior thigh, right sacroiliac joint, left lumbar spine, and bilateral lumbar spine; and decreased range of motion to the lumbar spine. The injured worker's pain level on September 24, 2015 was rated a 10 on scale of 0 to 10 without the use of his medication regimen and was rated a 7 to 8 with the use of his medication regimen. The progress note from August 05, 2014 noted magnetic

resonance imaging of the lumbar spine performed on July 15, 2014 that was revealing for "mild to moderate disc degeneration with minimal nerve root compression." The medical records provided contained a magnetic resonance imaging report of the lumbar spine performed on February 19, 2015 that was revealing for degenerative disc changes of the lumbar spine; disc desiccation with degenerative disc changes at lumbar three, lumbar four, and lumbar four to five level, along with a disc bulge and "mild" hypertrophy of the facet joints at lumbar two to three and lumbar three to four levels; disc protrusion, "mild" osteoarthritis of the facet joints, and thickening of the ligamentum flavum at the lumbar four to five level; and "minimal" levoscoliosis of the lumbar spine with apex centered at lumbar 2 level. On September 24, 2015 the treating physician requested magnetic resonance imaging of the lumbar and or sacral vertebrae (vertebrae not otherwise classified trunk) per the recommendations of another physician, but did not indicate the specific reason for the requested study. On October 15, 2015 the Utilization Review determined the request for magnetic resonance imaging of the lumbar and or sacral vertebrae (vertebrae not otherwise classified trunk) to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar and/or sacral vertebrae: 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: The requested MRI of the lumbar and/or sacral vertebrae, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The treating physician has documented resonance imaging of the lumbar spine performed on July 15, 2014 that was revealing for "mild to moderate disc degeneration with minimal nerve root compression." The medical records provided contained a magnetic resonance imaging report of the lumbar spine performed on February 19, 2015 that was revealing for degenerative disc changes of the lumbar spine; disc desiccation with degenerative disc changes at lumbar three, lumbar four, and lumbar four to five level, along with a disc bulge and "mild" hypertrophy of the facet joints at lumbar two to three and lumbar three to four levels; disc protrusion, "mild" osteoarthritis of the facet joints, and thickening of the ligamentum flavum at the lumbar four to five level; and "minimal" levoscoliosis of the lumbar spine with apex centered at lumbar 2 level. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the lumbar and/or sacral vertebrae is not medically necessary.