

Case Number:	CM15-0213906		
Date Assigned:	11/03/2015	Date of Injury:	12/10/2013
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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 67 year old male, who sustained an industrial injury on 02-10-2013. The injured worker was diagnosed as having chronic low back pain without radicular symptom and mild idiopathic scoliosis. On medical records dated 07-26-2015 and 08-24-2015, the subjective complaints were noted as low back pain. Pain was noted as 2-8 out of 10. Objective findings were noted as increased low back pain and right lateral hip pain with squatting to half way point, tenderness to palpation in the right paraspinal region at L4-L5. Treatment to date included medication. The injured worker was noted to have undergone a MRI of the lumbar spine 08-11-2015, which revealed mild lumbar spondylosis, most severe at the L4-L5 level with mild diffuse disk bulge and facet arthropathy, resulting in moderate left-sided and mild right-sided foraminal narrowing. The Utilization Review (UR) was dated 10-26-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Magnetic Resonance Imaging of the lumbar spine without contrast was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, MRI.

Decision rationale: The patient presents with low back pain and radiating pain into the right buttock and hip region. The current request is for Magnetic Resonance Imaging of the lumbar spine without contrast. The treating physician's report making the request was not made available. However, the 07/23/2015 (15B) report notes, "Considering the fact the [REDACTED] complains of low back pain that extends out into the right buttock, a lumbar MRI scan needs to be obtained for completeness of workup. The scan should be obtained to make sure that there is no sign of compromise of [REDACTED] right L4 or L5 nerve roots, which might be causing his posterolateral right buttock pain. I doubt that that will be the case. Nonetheless, there are times when individuals with x-ray evidence of degenerative osteoarthritis are relatively asymptomatic. If [REDACTED] lumbar MRI scan does not show significant compromise of his right L4 or L5 nerve roots, he would probably benefit from a right total hip replacement. Unless impairments on his MRI cause me to opine otherwise, there will be no indication for low back surgery." The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The MRI of the lumbar spine dated 08/11/2015 (13B) showed: 1. Mild lumbar spondylosis, most severe at the L4-5 level with mild diffuse disk bulge and facet arthropathy resulting in moderate left-sided and mild right-sided foraminal narrowing. The 08/24/2015 (10B) report notes, "[REDACTED] lumbar MRI scan does not show any sign of impairment that can explain his right buttock and/or right lateral hip region pain. Therefore, [REDACTED] would probably benefit from a right total hip replacement. There is no indication for aggressive or invasive treatment for [REDACTED] low back." In this case, the patient had not received a prior MRI scan before the request dated 7/23/15. There was an MRI scan performed on 8/11/15 that appears to be the scan that this review is covering. The patient had been dealing with continued lower back pain with some referred pain that had not improved with conservative treatment. The ODG guidelines provides support for this request. The current request is medically necessary.