MAXIMUS Federal Services

Case Number:	CM15-0214472		
Date Assigned:	11/05/2015	Date of Injury:	06/03/2014
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
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: Texas, California
Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 06-03-2014. The injured worker was diagnosed as having chronic pain, lower back pain, muscle spasms and segments-somatic dysfunction. On medical records dated 05-05-2015 and 10-01-2015, the subjective complaints were noted as pain. Pain was noted as 5 out of 10. Objective findings were noted as lumbar spine vertebra, no cervical lordosis, thoracic kyphosis, and straight leg was noted as left and right at 30 degrees. Slump test was negative for both legs. Treatment to date included medication, physical therapy and exercise. Per documentation the injured worker underwent a lumbar MRI on 07-22-2014 suggested mild narrowing of the L3-L4 and L4-L5 disks and no significant spinal canal stenosis, no foraminal stenosis and no osseous injury or listhesis. Current medications were listed as Gabapentin, Naproxen, and Omeprazole. Other medication list included Relafen, Flexeril and Tylenol#3. The Utilization Review (UR) was dated 10-23-2015. A Request for Authorization was dated 10-05-2015. The UR submitted for this medical review indicated that the request for Lumbar MRI (magnetic resonance imaging) was non-certified. The patient had received an unspecified number of PT visits for this injury. Per the note dated 8/5/15 the patient had positive Gaenslens test, pelvic compression and Faber test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines, Low Back - lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition, Chapter: Low Back (updated 12/02/15), MRIs (magnetic resonance imaging).

Decision rationale: Request: Lumbar MRI (magnetic resonance imaging). Per the ACOEM low back guidelines cited "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 who would consider surgery an option." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient had lumbar MRI on 07-22- 2014 suggested mild narrowing of the L3-L4 and L4-L5 disks and no significant spinal canal stenosis, no foraminal stenosis and no osseous injury or listhesis. Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). The patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury till date. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The request for Lumbar MRI (magnetic resonance imaging) is not medically necessary.