

Case Number:	CM15-0215132		
Date Assigned:	11/05/2015	Date of Injury:	06/22/2003
Decision Date:	12/23/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/02/2015

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 is a 61 year old female who sustained an industrial injury on 6-22-2003. A review of the medical records indicates that the injured worker is undergoing treatment for back pain of lumbar region, sciatica and degeneration of lumbar or lumbosacral disc. According to the progress report dated 10-9-2015, the injured worker complained of low back pain that had been especially bad in the last eight months and was associated with pain sometimes going into her great toe and up into her right eyeball. She rated her pain 5 out of 10. She was currently working with light duty. Objective findings (10-9-2015) revealed forward flexion of the lumbar spine to within fingertips to toes, 5-10 degrees of extension, between 10 and 15 degrees of lateral bend and 40 degrees of rotation in each direction. The patient had no tenderness on palpation, no muscle spasm, negative SLR and normal sensory and motor examination. Treatment has included chiropractic treatment, lumbar support, transcutaneous electrical nerve stimulation (TENS) and medications (Advil). The treatment plan was to see her original magnetic resonance imaging (MRI) and get new MRI to assess pathology. The request for authorization was dated 10-9-2015. The original Utilization Review (UR) (10-16-2015) denied a request for magnetic resonance imaging (MRI) of the lumbar spine without contrast. The medication list include Advil, naproxen. The patient had received an unspecified number of chiropractic visits for this injury. The patient had MRI of the lumbar spine in 2010. The patient had X-ray of the lumbar spine that revealed spondylolisthesis and facet arthropathy and degenerative changes. Per the note dated 11/11/15, the patient had complaints of increasing low back pain with radiation in right lower extremity, at 6/10. Physical examination of the lumbar spine revealed mild antalgic gait, limited range of motion, tenderness on palpation, positive SLR. Physician recommends a MRI for worsening of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine without contrast, as outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC: Corpus Christi TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (acute & chronic) (updated 09/22/2015).

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 Low Back (updated 12/02/15), MRIs (magnetic resonance imaging).

Decision rationale: Request: Magnetic resonance imaging (MRI) of the lumbar spine without contrast, as outpatient. 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." The patient had diagnoses of back pain of lumbar region, sciatica and degeneration of lumbar or lumbosacral disc. According to the progress report dated 10-9-2015, the injured worker complained of low back pain that had been especially bad in the last eight months and was associated with pain sometimes going into her great toe and up into her right eyeball. The patient had X-ray of the lumbar spine that revealed spondylolisthesis and facet arthropathy and degenerative changes. Per the note dated 11/11/15, the patient had complaints of increasing low back pain with radiation in right lower extremity, at 6/10. Physical examination of the lumbar spine revealed mild antalgic gait, limited range of motion, tenderness on palpation and positive SLR. Physician recommends a MRI for worsening of symptoms. Therefore, patient has chronic pain with significant objective findings. There is a possibility of significant neurocompression. The patient has been treated already with medications and other conservative measures. An MRI would be appropriate evaluate the symptoms further and to rule out any red flag pathology. The request of the Magnetic resonance imaging (MRI) of the lumbar spine without contrast, as outpatient is medically necessary and appropriate for this patient.