

Case Number:	CM15-0215879		
Date Assigned:	11/05/2015	Date of Injury:	07/11/2013
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on July 11, 2013, incurring right ankle pain. She was diagnosed with a right ankle metatarsal closed fracture. Treatment included pain medications, neuropathic medications, anti-inflammatory drugs, topical analgesic creams, ankle bracing and compression stocking. Currently, the injured worker complained of low back pain radiating into the right leg with constant cramping and stiffness into the right ankle and foot. She was diagnosed with a lumbar sprain and complex regional pain syndrome after the right ankle injury. Her pain continued into the low back interfering with her activities of daily living. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the lumbar spine with gadolinium. On October 14, 2015, a request for a Magnetic Resonance Imaging of the lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 of the lumbar spine with gadolinium 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 complex regional pain syndrome right lower extremity; lumbar spine myoligamentous sprain strain; and left lower extremity pain possible lumbar radiculopathy. Date of injury is July 11, 2013. Request for authorization is October 8, 2015. According to a September 10, 2015 progress note, subjective complaints include low back pain radiating to the bilateral lower extremities. Objectively, is an antalgic gait with tenderness in the lumbar spine. Neurologically, motor is 5/5 and sensation is normal. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal neurologic findings and no red flags, MRI of the lumbar spine with gadolinium is not medically necessary.