

Case Number:	CM15-0215923		
Date Assigned:	11/05/2015	Date of Injury:	04/02/2014
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
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: New York, Tennessee
 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 56 year old female, who sustained an industrial injury on 4-2-2014. A review of the medical records indicates that the injured worker is undergoing treatment for thoracolumbar strain, lumbar strain and myofascial pain, left sacroiliitis, and increased left greater than right radicular complaints. On 10-5-2015, the injured worker reported increased left greater than right leg pain and numbness in the foot with pain level 7. The Primary Treating Physician's report dated 10-5-2015, noted the injured worker's current medications included Metformin and Insulin. The physical examination was noted to show generalized tenderness throughout the paraspinal regions from the shoulders down to the gluteal regions with more focal tenderness at the lumbosacral junction-superior sacroiliac joints bilaterally, left greater than right. Straight leg raise was noted to be positive on the right with decreased sensation along the left lateral leg and dorsi lateral foot with sensation slightly impaired distally in all toes. An 11-8- 2013 MRI of the lumbar spine was noted to reveal a disc bulge eccentric to the right at L5-S1, decreasing the right lateral recess space and right neural foramen. The treatment plan was noted to include recommendation for a new lumbar MRI given the injured worker's increased left radicular presentation, prescriptions for Meloxicam and Robaxin as the Physician noted opioid medications were not recommended for the injured worker, and continued chiropractic treatments and a home exercise program (HEP). The request for authorization dated 10-5-2015, requested a MRI (magnetic resonance imaging) lumbar spine without contrast. The Utilization Review (UR) dated 10-9-2015, non-certified the request for a MRI (magnetic resonance imaging) lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) lumbar spine without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back : Lumbar and Thoracic MRI's.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for imaging: Magnetic resonance imaging; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient. In this case, the patient had new complaints of pain in right leg and mildly decreased sensation to right lateral leg, but there are no motor deficits. There is no documentation of significant pathology or severe or progressive neurologic deficit. The request is not medically necessary.