

Case Number:	CM15-0218080		
Date Assigned:	11/10/2015	Date of Injury:	10/10/2013
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/05/2015

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 Jersey

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:

The injured worker is a 32 year old female who sustained an industrial injury on 10-10-13. A review of the medical records indicates she is undergoing treatment for status post left knee arthroscopic surgery in April 2015 and lumbar spine myospasms and myalgia. Medical records (7-22-15, 8-19-15, and 9-16-15) indicate complaints of low back pain with tingling in the left foot. The 9-16-15 record indicates that numbness and tingling is located in the right lower extremity. The physical exam (7-22-15) reveals positive toe and heel walk "with pains" on the left. Positive straight leg raise on the left. Tenderness to palpation is noted in the lumbar spine. No diagnostic studies or treatments are indicated regarding the lumbar spine in the reviewed records. The treatment recommendation includes an MRI of the lumbar spine "3.0 tesla". The utilization review (10-12-15) includes a request for authorization of MRI for the lumbar spine 3.0 Tesla. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine 3.0 Tesla: 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.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had complained of leg pain and tingling in the legs for some time leading up to this request and there was no record of a previous MRI of the lumbar spine. If this is a first time request for this image, then regardless, the recent notes did not reveal any significant signs of neurological compromise from the lumbar spine based on physical findings to warrant follow-up with MRI. Therefore, this request for lumbar MRI is not medically necessary.