

Case Number:	CM15-0219683		
Date Assigned:	11/12/2015	Date of Injury:	04/25/2011
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury on 4-25-11. A review of the medical records indicates that the worker is undergoing treatment for neural encroachment bilateral L5-S1 with radiculopathy and lumbar spondylosis. Subjective complaints (9-24-15) include low back pain with right greater than left lower extremity symptoms. Pain is rated at 7 out of 10. Medications include Hydrocodone, Tramadol ER, Naproxen and Omeprazole. An MRI of the lumbar spine (9-4-13) reveals a conclusion of: 1. Bilateral L5 pars defects with minimal anterolisthesis again noted, with minimal foraminal stenosis unchanged from the previous exam. 2. No focal protrusions or significant central or foraminal stenosis identified. Objective findings (9-24-15) of the lumbar spine include tenderness, limited range of motion with pain, neurologically unchanged, positive straight leg raise for pain to foot at 35 degrees and left for pain to distal calf at 45 degrees. Previous treatment includes chiropractic-massage (decreases pain and increases activity tolerance), medication, and MRI of the lumbar spine (8-5- 11 and 9-4-13). A request for authorization is dated 10-19-15. The requested treatment of MRI of the lumbar spine was non-certified on 10-27-15.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

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 chapter, under MRIs.

Decision rationale: The current request is for MRI OF THE LUMBAR SPINE. Previous treatment includes chiropractic treatments, massage therapy, physical therapy, and medications. The patient is permanent and stationary and it is unclear if he has returned to work. MTUS/ACOEM Guidelines, Low Back Complaints, Chapter 12, page 303 states: "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." Official Disability Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per report 09/24/15, the patient presents with chronic low back pain with right greater than left lower extremity symptoms. Objective findings include tenderness, limited range of motion with pain, and positive straight leg raise. The treater requested an updated MRI of the lumbar spine stating Recall decline in tolerance to sitting therefore intradiscal component cannot be ruled out. Recall gradual crescendo lower extremity neurologic component. The medical file includes an MRI of the lumbar spine from 09/04/13 which revealed Bilateral L5 pars defects with minimal anterolisthesis again noted, with minimal foraminal stenosis unchanged from the previous exam. No focal protrusions or significant central or foraminal stenosis identified. The patient had an MRI on 08/05/11 which showed L5-S1 anterolisthesis associated with a mild diffuse disc bulge. In this case, the patient has had two previous MRIs and the treater has not provided documentation of progressive neurological deficit. There is no discussion of re-injury, progressive neurological deficit, or other "red flags" which would warrant repeat MRI imaging, as required by MTUS. Therefore, the request IS NOT medically necessary.