

Case Number:	CM15-0221694		
Date Assigned:	11/17/2015	Date of Injury:	08/07/2015
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/11/2015

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 57 year old male who sustained an industrial injury on 8-7-15. A review of the medical records indicates he is undergoing treatment for lumbar radiculopathy, right AC joint degenerative joint disease, right shoulder impingement syndrome, cervical strain with right cervical radiculopathy, and lumbar strain. Medical records (9-24-15, 10-23-15, and 10-28-15) indicate complaints of constant daily neck pain that radiates to the right arm with constant numbness in the dorsal forearm, 4th and 5th digit, and right thumb. He rates the pain "8 out of 10" with medications and "9 out of 10" without medications. He also complains of low back pain that radiates to the posterior thighs through the calves, into the plantar aspect of the feet. He rates the pain "8 out of 10" with medications and "9 out of 10" without medications. The physical exam (10-28-15) reveals a "normal" gait on lumbar examination. "Normal heel-toe and swing-through gait with no evidence of limp" is noted. Tenderness to palpation with guarding is noted over the L4-5 and L5-S1 facet bilaterally, affecting the right greater than the left. Decreased sensation is noted over the L4 and L5 dermatome distributions. "4+ out of 5" motor strength is noted on the left hip flexion. The straight leg raise is positive for back pain "only at 80 degrees" bilaterally. Diagnostic studies have included x-rays of the lumbar spine. Treatment has included medications, physical therapy, and modified work duties. The treatment recommendations include an MRI of the lumbar spine, in addition to chiropractic treatment, acupuncture, physical therapy, and continuation of medications. The utilization review (10-30-15) includes a request for authorization of an MRI scan of the lumbar spine. The request was denied.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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, Magnetic resonance imaging (MRI) of the lumbar spine without contrast 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, check the injured worker's working diagnoses are cervical strain with right cervical radiculopathy; right shoulder impingement syndrome; right AC joint degenerative joint disease; lumbar strain; and lumbar radiculopathy. Date of injury is August 7, 2015. Request authorization is October 23, 2015. According to an initial orthopedic spine evaluation, dated September 24, 2015, subjective complaints include low back pain that radiates to the posterior thigh and calves to the feet. There was also the pain that radiates to the arms 8/10. Objectively, there is tenderness at the thoracic paraspinal muscles. There is a normal gait. There is tenderness over the L4 - S1 facets bilaterally. Motor function is normal and there is decreased sensation at the right L4 - L5 dermatome. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There is no documentation of plain radiographs of the lumbar spine. Moreover, the treating provider requested plain radiograph of the lumbar spine in the progress note documentation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of plain x-rays of the lumbar spine and no unequivocal objective neurologic findings identifying specific nerve compromise, Magnetic resonance imaging (MRI) of the lumbar spine without contrast is not medically necessary.