

Case Number:	CM15-0030348		
Date Assigned:	02/24/2015	Date of Injury:	07/01/2010
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old Male, who sustained an industrial injury on July 1, 2010. He has reported bilateral varicosities of the lower extremities, insomnia, weight gain and low back pain associated with radiation to the buttocks and bilateral legs. The diagnoses have included varicose veins in both lower extremities, lumbar strain and radiculitis, secondary obesity and insomnia secondary to pain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of bilateral varicosities of the lower extremities, insomnia, weight gain and low back pain associated with radiation to the buttocks and bilateral legs. The injured worker reported an industrial injury in 2010, resulting in bilateral varicosities of the lower extremities, insomnia, weight gain and low back pain associated with radiation to the buttocks and bilateral legs. He was noted to gain 50 pounds since the injury secondary to a less active lifestyle. He reported insomnia secondary to chronic pain. Evaluation on January 16, 2015, revealed continued pain. He reported using over the counter ibuprofen with fairly good pain control although he wanted to know if there was something else over the counter he could use for breakthrough pain. He reported not wanting to take many pain medications and preferred to start with the lowest dosing if necessary. He reported wearing compression stockings for the varicosities. On January 30, 2015, Utilization Review non-certified a request for MRI Lumbar Spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested MRI Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms."The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.