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| Case Number: | CM15-0031603 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 09/01/2011 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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 9/1/11. He complains of back pain with radiation to bilateral lower extremities to knees with pain intensity of 8/10. He takes medical marijuana and omeprazole. Diagnoses include spinal radiculitis; lumbar spine radiculopathy; lumbar disc; lumbosacral; sacroiliac, sacrotuberous. Treatments to date include stretching exercises at home; lumbar epidural steroid injections which did not relieve any of his pain complaints trigger point injections, physical therapy; he is doing aquatic exercises with slight improvement for short period of time. In the progress note dated 9/11/14 indicated request for lumbar discogram due to ongoing pain for a number of years. There was no documentation available regarding lumbar spine MRI. On 1/22/15 Utilization Review non-certified the request for MRI of the lumbar spine citing ACOEM: Chapter 12: Low Back: MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine between 1/19/2015 and 3/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The injured worker is a 36 year old male who sustained an industrial injury on 9/1/11. He complains of back pain with radiation to bilateral lower extremities to knees with pain intensity of 8/10. He takes medical marijuana and omeprazole. Diagnoses include spinal radiculitis; lumbar spine radiculopathy; lumbar disc; lumbosacral; sacroiliac, sacrotuberous. Treatments to date include stretching exercises at home; lumbar epidural steroid injections, which did not relieve any of his pain complaints trigger point injections, physical therapy; he is doing aquatic exercises with slight improvement for short period of time. In the progress note dated 9/11/14 indicated request for lumbar discogram due to ongoing pain for a number of years. There was no documentation available regarding lumbar spine MRI. On 1/22/15 Utilization Review non-certified the request for MRI of the lumbar spine citing ACOEM: Chapter 12: Low Back: MRI. This patient presents with back pain, with pain radiating down bilateral lower extremities to knees. The treater has asked for MRI OF LUMBAR SPINE BETWEEN 1/9/15 AND 3/22/15 but the requesting progress report is not included in the provided documentation. The utilization review letter dated 1/22/15 describes an MRI of the lumbar spine but the levels are not specified. The 9/11/14 progress report also requests a lumbar discogram at levels C3-S1 as patient has been having lumbar pain for past couple of years without getting any relief from either physical therapy or epidural steroid injection. This procedure will hopefully determine if the pain is discogenic in nature or not. No prior MRI was found in provided reports, but utilization review letter dated 1/22/15 describes an MRI 3 years ago, date and levels unspecified, without evidence of canal compromise, herniation, neural foraminal encroachment or lateral recess stenosis at any level. The most recent 9/11/14 progress report shows no improvement in his condition. ODG guidelines state: Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, there is no documentation of any red flags or deterioration neurologically. The patient had lumbar MRI 3 years ago without any significant findings. The treater is requesting a repeat lumbar MRI due to the patient's persistent pain, to determine if the source of pain is discogenic or not. There are no exam findings, however, of any neurological deficits, any red flags, or neurological deterioration. ODG requires a progression of neurological deficits for repeat lumbar MRIs. The request IS NOT medically necessary.