

Case Number:	CM15-0031655		
Date Assigned:	02/25/2015	Date of Injury:	07/02/2013
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
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: Texas, California
 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 39 year old male, who sustained an industrial injury on 1/2/13. The injured worker has complaints of left knee pain, neck pain and low back pain radiating to the left upper extremity. The diagnoses included lumbar spine sprain/strain; cervical sprain and left knee sprain. The PR2 dated 1/3/15 and 2/13/15 submitted for review was hand written and not fully legible. The patient has had low back pain with radiation of pain to the lower extremities at 4/10 on 2/13/15 and detailed physical examination of the low back was not specified in the records provided. The medication list includes Tylenol#3, Anaprox, Naproxen, and Colace. The patient has had a MRI of the low back on 1/20/15 that revealed disc protrusion with tear. Per the note dated 11/4/14 the patient has had MRI of the low back on 11/11/13 that revealed a herniated disc. Per the note dated 11/4/14 the patient has had low back pain with numbness in left leg that was alleviated with rest and pain medication. Physical examination of the lumbar spine revealed tenderness on palpation, positive SLR on left at 90, normal gait and ROM, normal strength and decreased sensation on left side. Patient has received 12 PT visits for this injury. The patient's surgical history includes surgery of the left knee. Patient has received an unspecified number of aquatic and acupuncture visits for this injury.

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, Lumbar and Thoracic Spine (Acute and Chronic) MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 03/24/15) MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM low back guidelines, "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guidelines do not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines, "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 the note dated 11/4/14 the patient has had MRI of the low back on 11/11/13 that revealed herniated disc. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Physical examination of the lumbar spine on 11/4/14 revealed normal gait and ROM, normal strength. The PR2 dated 1/3/15 and 2/13/15 submitted for review was hand written and illegible. On 2/13/15 a detailed physical examination of the low back was not specified in the records provided. The patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided, this patient has received 12 physical therapy (PT) visits for this injury. A detailed response to complete course of conservative therapy, including PT visits, was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient.