

Case Number:	CM15-0033275		
Date Assigned:	02/26/2015	Date of Injury:	04/04/2011
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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 53-year-old male, who sustained an industrial injury on 04/04/2011. The diagnoses have included lumbar mechanical dysfunction and chronic pain syndrome. Noted treatments to date have included home exercise program and medications. Diagnostics to date have included MRI of the cervical spine on 05/25/2012 showed a 4.5mm left central disc protrusion at L1-2, a 4.1mm left foraminal disc protrusion which produces mild left neuroforaminal narrowing at L3-4, a 4.1mm circumferential disc bulge which mildly impresses on the thecal sac, a 4.1mm cranially dissecting left central disc extrusion which mild impresses on the thecal sac, and dysplastic posterior elements of L5 with probable spinal bifida occulta per progress note. In the same progress note dated 01/19/2015, the injured worker presented with complaints of right leg, left leg, and back pain. The treating physician reported the injured worker needs a current lumbar MRI scan to determine if there is an anatomic explanation for his examination behavior. Utilization Review determination on 02/13/2015 non-certified the request for MRI of the Lumbar Spine without contrast citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303 and 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, Lower back - Lumbar & Thoracic (Acute & Chronic) chapter. Magnetic resonance imaging (MRI's).

Decision rationale: The 53-year-old patient complains of pain in lumbar and cervical spine, and has been diagnosed with cervical sprain and lumbar radiculopathy, as per progress report dated 01/21/15. The request is for MRI L/S WITHOUT CONTRAST. The RFA for this case is dated 02/06/15, and the patient's date of injury is 04/04/11. As per progress report dated 01/19/15, the patient suffers from right leg, back and left leg pain, rated at 7/10. The patient is totally temporarily disabled, as per progress report dated 01/21/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic) and topic Magnetic resonance imaging (MRI's), do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient has had an MRI of the lumbar spine on 05/25/12 as per progress report dated 12/08/14. The imaging study revealed central disc protrusion at L1-2, left foraminal disc protrusion at L3-4, circumferential disc bulge L4-5, and left central disc extrusion at L5-S1. The treater is requesting for a repeat MRI in progress report dated 01/19/15 but does not discuss the purpose of test. The ODG guidelines support repeat MRIs only if there is a progression of neurologic deficit. Hence, the request IS NOT medically necessary.