

Case Number:	CM15-0033278		
Date Assigned:	02/26/2015	Date of Injury:	02/26/2011
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
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, 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 32 year old male, who sustained an industrial injury on 2/26/2011. The current diagnosis is lumbosacral spine strain. Currently, the injured worker complains of low back pain with recent complaints of radiation into the right leg extending to the level of his toes. The physical examination of the lumbar spine reveals mild, right paravertebral muscle spasms. Range of motion is limited and painful. Treatment to date has included medications, activity modification, physical therapy, chiropractic, and right L4 selective nerve root injection (8/13/2014). MRI of the lumbar spine (11/15/2011) shows a 3-4 millimeter disc bulge/herniation at L3-L4, L4-L5. The treating physician is requesting MRI of the lumbar spine, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for MRI of the lumbar spine. The MRI was non-certified based on no documentation of how a repeat MRI would impact the patient's treatment program. The California MTUS ACOEM Medical Treatment Guidelines were cited.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine 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, the injured worker's working diagnoses are thoracolumbar strain, L4 - L5 disc protrusion. The injured worker had an MRI November 15, 2011. The results showed a 3 - 4 mm asymmetrical disc protrusion at L4 - L5, central and left foraminal stenosis, bilateral facet arthropathy with minimal effusion. Other than a progress note from July 2014, there is no recent documentation from the requesting physician (to repeat the MRI of the lumbar spine). More recent clinical findings were taken from a QME dated November 7, 2014. Subjectively, the injured worker has low back pain with a new complaint of right lower extremity radiculopathy (subjectively). Objectively, there are no neurologic findings noted. The ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent new significant changes in symptoms or signs suggestive of significant pathology, MRI of the lumbar spine is not medically necessary.