

Case Number:	CM15-0035950		
Date Assigned:	03/04/2015	Date of Injury:	10/09/2009
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 36-year-old male, who sustained an industrial injury on 10/09/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post right hip arthroscopy that was unsuccessful with severe right hip pain along with inability of ambulation without a cane and right knee derangement. Treatment to date has included use of a cane and the above listed surgery. In a progress note dated 01/14/2015 the treating provider reports complaints of constant low back pain that radiates to the right hip and right hip pain with the pain rating of a nine to ten out of ten with associated symptom of weakness, pins, needles, and a burning sensation. The treating physician requested magnetic resonance imaging scan of the lumbar spine noting the injured worker to have complaints of constant low back pain. On 01/27/2015 Utilization Review non-certified the requested treatment of magnetic resonance imaging of the lumbar spine, noting the California Medical Treatment Utilization Schedule, 2009, American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 303 to 305 and Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back, MRIs (Magnetic Resonance Imaging).

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment index 2014, low back MRI's.

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

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients considering back surgery, fracture or tumors that may require surgery. There is no indication that the patient would consider additional surgery as an option. In addition, the patient does not have any clear evidence of lumbar radiculopathy or any evidence of new findings. The patient's neurological examination was normal and he has no symptoms suggestive of radiculopathy. Therefore, the request for MRI of the lumbar spine is not medically necessary.