

Case Number:	CM15-0038062		
Date Assigned:	03/06/2015	Date of Injury:	07/07/1999
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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 57-year-old female, who sustained an industrial injury on July 7, 1999. The injured worker had reported a back injury. The diagnoses have included cervical, thoracic and lumbar spine strain with myofascial pain, bilateral lumbar radiculitis, lumbar spine degenerative disc disease and bilateral sacroiliac joint dysfunction. Treatment to date has included medications, physical therapy, acupuncture treatments, a transcutaneous electrical nerve stimulation unit, lumbar epidural steroid injections, home exercise program and a psychiatric evaluation. Current documentation dated January 19, 2015 notes that the injured worker complained of low back pain. Lumbar spine examination revealed tenderness of the paraspinal muscles and bilateral sacroiliac joints without spasms, a significant decreased range of motion and a positive straight leg raise test on the left side. Sensation to pinprick and light touch was decreased in the left lower extremity. The treating physician's recommended plan of care included an MRI of the lumbar spine.

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, without Contrast, Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 without contrast 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 status post work related back injury; chronic low back pain with left radicular pain, lumbar spine degenerative disc disease; and bilateral sacroiliac joint dysfunction. The year of injury is 1999. The documentation for January 19, 2015 progress note shows the injured worker had an MRI lumbar spine six years prior. The results were not in the medical record. Objectively, the injured worker has tenderness to palpation over the lumbar spine paraspinal muscle groups, decreased range of motion of the lumbar spine, no motor deficits and no significant sensory deficits. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and objective findings suggestive of significant pathology. The documentation from the January 19, 2015 progress note does not discuss a significant change in symptoms and/or objective signs to warrant an additional/new/updated MRI lumbar spine. Consequently, absent clinical documentation demonstrating a significant change in symptoms and signs suggestive of significant pathology, (repeat) MRI lumbar spine without contrast is not medically necessary.