

Case Number:	CM15-0040395		
Date Assigned:	03/10/2015	Date of Injury:	01/02/2014
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 29-year-old male, who sustained an industrial injury on 1/2/2014. The diagnoses have included lumbar spine posterior disc protrusion L4-L5 per magnetic resonance imaging (MRI) of 3/17/2014. Treatment to date has included physical therapy and medication. Neurosurgical evaluation had recommended conservative management prior to consideration for surgical intervention. According to the progress report dated 10/13/2014, the injured worker complained of lumbar spine pain rated 6/10. The injured worker was pending chiropractic adjustments and an epidural steroid injection (ESI). He stated he was using Tramadol as well as Celebrex; however, he stated he got little to no relief of his overall symptoms. Physical exam revealed significant tenderness to palpation over the spinous processes of L4 and L5 as well as mild tenderness to palpation over the sacroiliac (SI) joints bilaterally. All range of motion movement's elicited significant pain and discomfort at end points. According to the progress report dated 2/2/2015, the injured worker was using Tramadol three times a day. He walked with a moderately antalgic gait. Examination revealed decreased sensation in the L4, L5 and S1 dermatomes. The injured worker has failed conservative treatment. The treatment plan included evaluation by pain management for possible epidural injections into the lumbar spine. Authorization was requested for magnetic resonance imaging (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 Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Low Back Chapter, MRI.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags include progressive neurologic deficit. ODG recommends repeat magnetic resonance imaging when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker is reporting worsening symptoms and need for increase in pain medications. Physical examination has revealed decreased sensation in a dermatomal manner. It is noted that the injured worker has failed conservative treatment. The last imaging study was performed over one year ago, and updated imaging is supported for further treatment planning. The request for MRI lumbar spine is medically necessary.