

Case Number:	CM15-0040897		
Date Assigned:	03/11/2015	Date of Injury:	10/23/1996
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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

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 66-year-old female, who sustained an industrial injury on 10/23/96. The injured worker has complaints of low back pain. Examination noted that there was tenderness noted over midline of lumbar spine on both sides (in the paraspinal area) and range of motion had significant decrease with no change in pain with flexion and extension. The diagnoses have included lumbar radiculopathy; chronic pain syndrome; lumbar spondylosis and long-term drug therapy. Treatment to date has included medial branch blocks were performed last year with no significant benefit; epidural steroid injections in the past without significant benefit; several years ago had a discogram which showed concordant pain in the L3-4 disc and filling defect but no significant pain in the L4-5 disc; Magnetic Resonance Imaging (MRI) from 2011 showed degenerative disc and bony changes and medications. Recommendations were for a Magnetic Resonance Imaging (MRI) of the lumbar spine to rule out modic changes that may need to be treated differently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, Low

Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) online edition, Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, there was insufficient evidence to support the request for a repeat MRI of the lumbar spine. There was insufficient evidence to suggest any significant change in the worker's symptoms or signs, including no evidence for a red flag diagnosis, which might have warranted a request for MRI. Therefore, based on the notes provided for review, the request for repeat lumbar MRI will be considered medically unnecessary, and use of the previous MRI from 2011 should be sufficient as a reference.