MAXIMUS Federal Services

Case Number:	CM15-0042339		
Date Assigned:	03/12/2015	Date of Injury:	11/09/2014
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 11/09/2014. Initial complaints reported included low back pain. The injured worker was diagnosed as having lumbosacral joint sprain and low back contusion. Treatment to date has included conservative care, medications, and radiographic imaging. Currently, the injured worker complains of bilateral low back pain and discomfort. The current treatment plan includes a MRI of the lumbar spine, physical therapy, continued medications, and follow-up.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with bilateral low back pain radiating to right anterior thigh rated as 7-8/10. The request is for MRI of the Lumbar Spine. The request for authorization for MRI: lumbar spine and Physical Therapy - Initial is dated 02/13/15. MRI of the lumbar spine, 02/13/15, shows circumferential disk bulge and posterior annular tears and mild neuroforaminal stenosis at L4-L5 and L5-S1. Pain is worse with exertion, and better with rest and taking medications. Positive tenderness over the L3 to L5 paraspinal muscles on the bilateral side. Positive supine straight leg raise on the left. Patient's medications include Ultram, Naprosyn, Flexeril, Norco and Voltaren gel. The patient is working modified duty. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)". Treater does not discuss the request. In this case, it would appear that the treater went ahead and had the MRI done on 02/13/15 without authorization. Given the patient's radiating symptoms into the leg, a neurologic finding, an MRI to rule out disc herniation or other condition appears reasonable, and consistent with the guidelines. It has been over several months since the date of injury and the patient would appear to have completed a course of conservative care. The UR denial was based on lack of documentation of conservative care. Given the patient's persistent pain, including radicular symptoms raising the concern for potential nerve root lesions, an MRI is appropriate and consistent with ODG. The request IS medically necessary.