

Case Number:	CM15-0043674		
Date Assigned:	03/13/2015	Date of Injury:	09/08/2005
Decision Date:	04/23/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/09/2015

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 54-year-old female, who sustained an industrial injury on 9/08/2005. No diagnosis for the lower back has been provided. Treatment to date has included x-rays, magnetic resonance imaging (MRI) of the lumbar spine (2/22/2013), and surgical intervention of the knee, modified work and medications. Per the Primary Treating Physician's Progress Report dated 5/01/2014 the injured worker reported pain in the low back that radiates down both hips and legs, left side worse than right, with concentration of pain into the left knee. She is now experiencing electric shocks into the big toe on the right side. Physical examination revealed that she has difficulty rising from a seated position. She ambulates with a cane and is limping. She exhibits a stiff slightly forward lurching sideways leaning posture. Tip-toe and heel walking cannot be done. The range of motion of the lumbar spine is reduced to less than 50% of normal. Straight leg raise is negative. The plan of care included magnetic resonance imaging (MRI) scan. Authorization was requested for magnetic resonance imaging (MRI) lumbar.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs).

Decision rationale: The 54-year-old patient complains of low back pain that radiates to left lower extremity, as per progress report dated 01/14/15. The request is for MRI OF THE LUMBAR SPINE. The RFA for the case is dated 09/10/14, and the patient's date of injury is 09/08/05. The patient has been diagnosed with lumbar sprain and is status post lumbar spine surgery at L4-5, as per progress report dated 01/14/15. The patient is retired, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient has undergone MRI of the lumbar spine in the past. An MRI, dated 02/22/13, revealed mild central disc bulge with minimal foraminal extension and spinal canal narrowing at L3-4 and L4-5 along with mild annular bulges at L1-2, L2-3 and L5-S1. The UR letter states that patient underwent another MRI on 12/28/12. In progress report dated 06/18/14, the treating physician states that the patient's condition is worsening in spite of spine surgery and needs a new MRI "to see actual pathology" of the lumbar spine. In another report dated 05/01/14, the neurosurgeon is requesting a new MRI scan "in preparation for a surgical decision." The treating physician and the neurosurgeon, however, do not document specific progression in neurologic deficit since the previous MRI, as required by ODG. Hence, the request for repeat MRI IS NOT medically necessary.