MAXIMUS Federal Services

Case Number:	CM15-0044788		
Date Assigned:	03/16/2015	Date of Injury:	07/08/2010
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
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: Texas, 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 43-year-old male, who sustained an industrial injury on 07/08/2010. He has reported injury to the low back. The diagnoses have included lumbar degenerative disc disease; and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, diagnostic studies, lumbar epidural steroid injection, home exercise program, and physical therapy. Medications have included Tramadol, Naproxen, and Pantoprazole. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of lumbar spine pain; left knee pain; and left ankle pain. Objective findings were described as unchanged. The treatment plan has included diagnostic studies. Request is being made for 3.0 Tesla MRI lumbar spines. Per the doctor's note, dated 12/09/14 patient had complaints of back pain with radiation and physical examination revealed negative SLR bilaterally, tenderness on palpation and limited range of motion. The patient has had MRI of the low back on 1/8/2014 and on 10/15/2012 of 1.5T that revealed disc protrusions and EMG of LE on 7/2014 that was unremarkable. Other therapy done for this injury was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

3.0 Tesla MRI lumbar spine: Upheld

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

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 Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 04/15/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: 3.0 Tesla MRI lumbar spine. Per the ACOEM low, back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI of the low back on 1/8/2014 and on 10/15/2012 of 1.5T that revealed disc protrusions and EMG of LE on 7/2014 that was unremarkable. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Per the doctor's note dated 12/09/ physical examination revealed negative SLR bilaterally. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury until date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. Rationale for 3.0 Tesla MRI lumbar spines was not specified in the records provided. The medical necessity of the 3.0 Tesla MRI lumbar spines is not fully established for this patient.