

Case Number:	CM15-0046925		
Date Assigned:	03/19/2015	Date of Injury:	12/03/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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 45-year-old female, who sustained an industrial injury on 12/3/2013. She has reported severe back pain that radiated down to right buttock. The diagnoses have included lumbar disc disorder, lumbago, and radiculopathy. She is status post right knee surgery 2009 and left knee ACL 2013. Treatment to date has included medication therapy and physical therapy. Currently, the IW complains of low back pain radiating down right buttock, thigh, leg and foot. The physical examination from 2/17/15 documented decreased lumbar Range of Motion (ROM) and bilateral facet loading signs with muscle spasms. The plan of care included a requests for a right lumbar transforaminal epidural steroid injection (LTFESI) L3-4, 4-5, and 5-S1, Magnetic Resonance Imaging (MRI) of lumbar spine, and continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar: 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 45-year-old patient complains of pain in back, right buttock, right leg, right thigh, and right foot, rated at 8-9/10, along with numbness, tingling and reduced function, as per progress report dated 02/17/15. The request is for MRI OF THE LUMBAR. There is no date on the RFA form, and the patient's date of injury is 12/03/13. The patient is status post right knee surgery in 2009 and status post left knee ACL in 2013, as per progress report dated 02/17/15. Diagnoses included lumbar disc disorder, lumbago and lumbar radiculopathy. ACOEM Guidelines, chapter 8, page 177 and 178, states, "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 MRIs are indicated only if there has been progression of neurologic deficit. In this case, the progress reports do not document prior MRI of the lumbar spine. The patient suffers from low back pain. Physical examination, as per progress report dated 02/17/15, reveals bilateral paraspinal spasms, decreased range of motion, and bilateral facet loading sign. However, there is no indication of nerve compromise for which lumbar MRIs are indicated. Hence, the request IS NOT medically necessary.