

Case Number:	CM15-0047891		
Date Assigned:	03/19/2015	Date of Injury:	05/28/2013
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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 61 year old male, who sustained a work/ industrial injury on 5/28/13. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having lumbago, myalgia, myositis, and arthropathy of lumbar facet joint. Treatments to date included medication and trigger point injection. Currently, the injured worker complains of fluctuating lower middle and lower back pain. The treating physician's report (PR-2) from 1/19/15 indicated antalgic gait, muscle spasm, moderate pain with motion, flexible range of motion with stiffness and pain, tenderness to paraspinal muscles. Medications included Suboxone, Lisinopril, and Tizanidine. Treatment plan included Magnetic resonance imaging (MRI) of the Lumbar spine.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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 Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with complaints of fluctuating lower middle and lower back pain rated 2/10. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE. The RFA is not provided. Patient's diagnosis included lumbago, myalgia, myositis, and arthropathy of lumbar facet joint. Treatments included lumbar spine trigger point injection. The reports do not reflect whether or not the patient is working. 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." 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 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. Treater does not provide a rationale for the request. Review of the medical records does not indicate a prior lumbar MRI. There are no documented subjective complaints of radiculopathy; no radiating or radicular symptoms are described. There are also no objective neurological findings. The patient has been diagnosed with lumbago, myalgia, myositis, and arthropathy of lumbar facet joint and was treated with a trigger point injection. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. The request for lumbar MRI is not in accordance with the guidelines. The request IS NOT medically necessary.