

Case Number:	CM15-0053403		
Date Assigned:	03/26/2015	Date of Injury:	12/05/2005
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old female with and industrial injury dated 12/05/2005. His diagnoses include sprain lumbar region and backache, pain in joint and pelvis/thigh and stress reaction. Prior treatment includes medications. He presents with low back pain. There was decreased range of motion. The provider notes severe new onset of pain and radiculopathy and is requesting an MRI of the spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for

uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are lumbar sprain region; backache unspecified; pain in joint pelvis/thigh; and AC stress reaction emotional. An MRI of the lumbar spine was performed on March 16, 2006 that showed a 5.8 mm disc herniation at L5- S1 spondylosis and degenerative changes lumbar spine. A repeat L spine MRI was performed on February 24, 2010 that showed a 4 mm disc protrusion at L1- L2, a 1 to 2 mm disc protrusion at L2- L3, L3- L4 and L4- L5 and 5 mm spondylosis. Utilization review indicates the injured worker ran out of medications in a February 11, 2015 progress note and had worsening back pain, leg weakness. The medical record contains 24 pages. There are multiple progress notes in the medical record that reflects the injured worker's symptoms remain the same with no improvement. In February 2015, progress note states the injured worker developed worsening back pain with a burning sensation down the right leg. The injured worker had two prior magnetic resonance imaging scans of the lumbar spine. Reportedly, the injured worker ran out of medications and developed worsening pain. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no new significant changes in symptoms and/or findings suggestive of significant pathology. Additionally, there are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. Consequently, absent clinical documentation with unequivocal objective specific nerve compromise with two prior magnetic resonance imaging scans of the lumbar spine and no significant change in symptoms or objective signs, MRI of the lumbar spine is not medically necessary.