MAXIMUS Federal Services

Case Number:	CM15-0053739		
Date Assigned:	03/27/2015	Date of Injury:	06/11/1981
Decision Date:	05/12/2015	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
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 74 year old male with an industrial injury dated June 11, 1981. The injured worker diagnoses include lumbar myospasm, lumbar myalgia and left sided lumbar neuritis/radiculitis. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker reported increased lumbar spine pain. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the lumbar spine now under review.

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 Page(s): 303-305.

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 Lower back Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: The 74 year old patient presents with increased low back pain, described as sharp and rated 8/10 with rest and activities. The pain is associated with numbness and radiates to the left leg. The request is for an MRI of the Lumbar Spine. The RFA provided is dated 01/22/15 and the patient's date of injury is 06/11/81. The diagnoses include lumbar myospasm, lumbar myalgia and left sided lumbar neuritis/radiculitis. Per 11/24/14 report, physical examination to the lumbar spine revealed tenderness, guarding and spasm in the left paravertebral region. Trigger points were noticeable in the left lumbar paraspinal muscles. Range of motion was restricted due to pain and spasm. Sensory examination revealed decreased sensation at L4, L5 and S1 dermatomes and decreased sensation to light touch in the left lower extremity. Prior treatment has included diagnostic studies, conservative therapies, prescribed medications and periodic follow up visits. The patient is retired. 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. Treater has not provided a reason for the request. Provided treater reports are handwritten and brief. Prior image studies were not provided for review and it is unknown if there was a prior lumbar MRI completed. It appears the patient presents with a flare-up of his condition. ODG guidelines support repeat MRI's "only if there has been progression of neurologic deficit." Exam findings only show tenderness along with some sensory changes. There are no red flags, no progressive neurologic deficit or hard neurologic findings such as weakness/bowel/bladder findings. An MRI is not indicated just for a flare-up. The request is not medically necessary.