

Case Number:	CM15-0055073		
Date Assigned:	04/01/2015	Date of Injury:	07/25/2011
Decision Date:	06/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 a 56 year old male, who sustained an industrial injury on 7/25/11. He reported back pain. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included 3 epidural injections, physical therapy, psychiatric treatment, and medications. Currently, the injured worker complains of low back pain radiating down both lower extremities. The treating physician requested authorization for 1 MRI of the lumbar spine. The treating physician noted a MRI of the lumbar spine is needed based on the history of trauma and evidence of ongoing neurological deficits where the patient has failed to respond to conservative treatment measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 12-01-2014 documented the subjective complaint of low back pain and a date of injury of 07-25-2011. MRI of the lumbar spine was requested on 02-13-2015. The secondary treating physician's progress report dated 02-13-2015 documented that the physician is requesting the patient's medical records for review. The physician noted that the last MRI is a year old, and requested updated studies of the lumbar spine. No new lumbar spine injuries were reported. ACOEM guidelines recommend MRI when cauda equina, tumor, infection, or fracture was strongly suspected and plain film radiographs are negative. No evidence of cauda equina, tumor, infection, or fracture was documented in the 2/13/15 progress report. The 2/13/15 progress report indicated that the previous MRI results were not available for review by the physician. The physician requested a repeat MRI without reviewing the previous MRI. The 2/13/15 progress report does not establish the need for a repeat MRI of the lumbar spine. Therefore, the request for MRI of the lumbar spine is not medically necessary.