

Case Number:	CM15-0055548		
Date Assigned:	03/30/2015	Date of Injury:	04/20/2006
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
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: 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 50 year old male, who sustained an industrial injury on April 20, 2006. He reported injury of the left shoulder, and back after lifting and carrying a television set. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included previous magnetic resonance imaging, physical therapy, heat applications, massage, and electrode stimulation. The records indicate previous magnetic resonance imaging of the lumbar spine taken on June 23, 2008, revealed disc protrusion. On February 9, 2015, he was seen for worsening low back pain. The treatment plan included: request for lumbar magnetic resonance imaging, physiotherapy, acupuncture, Ultram, Anaprox, and follow-up. The request is for magnetic resonance imaging of the lumbar spine, and office follow-up.

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.

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 worsening low back pain rated 8/10 with extension into the buttocks. The patient denies leg pain. The request is for MRI OF THE LUMBAR SPINE. The RFA provided is dated 02/09/15. Patient's diagnosis included lumbar disc displacement. Treatments to date have included previous magnetic resonance imaging physical therapy, heat applications, massage, and electrode stimulation. Per imaging report dated 06/23/08, the latest lumbar MRI study revealed disc protrusion; no other details were provided. Patient is temporarily totally disabled. 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 (e.g., tumor, infection, fracture, neurocompression, and 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. 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." The rationale for the MRI is not provided. There are no clear documentations of subjective complaints of radiculopathy; no radiating or radicular symptoms are described. There are also no objective neurological findings. In the absence of any red flags, neurologic findings, or radicular symptoms to raise a concern for radiculopathy, an MRI is not recommended per ODG and ACOEM. Repeat MRI's are indicated for progression of neurologic deficit, post-operative situation, or significant change in clinical presentation. Review of the records does not show documentations of significant change in symptoms and/or findings suggestive of significant pathology. The request IS NOT medically necessary.

1 Office Visit Follow-Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Evaluation and management (E&M).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient presents with worsening low back pain rated 8/10 with extension into the buttocks. The patient denies leg pain. The request is for 1 Office Visit Follow Up. The RFA provided is dated 02/09/15. Patient's diagnosis included lumbar disc displacement. Treatments to date have included previous magnetic resonance imaging physical therapy, heat applications, massage, and electrode stimulation. Patient is temporarily totally disabled. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. The request is for a follow up visit after the MRI scan for further recommendations. In this case, since the MRI is not indicated, the follow up visit IS NOT medically necessary.