

Case Number:	CM15-0056599		
Date Assigned:	04/01/2015	Date of Injury:	10/23/2003
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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 76 year old male, who sustained an industrial injury on 10/23/03. He reported lumbar back pain with pain and numbness in the right leg. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included 3 epidural steroid injections without pain relief and a lumbar laminectomy that did not provide pain relief. Currently, the injured worker complains of lumbar back pain with radiation to the right leg and associated numbness. The treating physician requested authorization for a lumbar MRI with and without contrast. The treating physician noted a MRI is needed due to worsening back and leg pain with associated numbness, tingling, and weakness of the leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 consultation report dated 3/5/15 documented subjective complaints of lumbar pain. No new injuries were reported. Past MRI results were not documented. No plain film X-ray radiographs were documented. Physical examination demonstrated that the back had full range of motion. The back had no tenderness to palpation. Straight leg raise test was negative bilaterally. Reflexes were 2+ bilaterally and symmetric. The patient denied weight change, weakness, fatigue, fever, chills, night sweats, anorexia, malaise, bowel or bladder problems. No evidence of cauda equina, tumor, infection, or fracture was documented. Therefore, the request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for lumbar MRI with and without contrast is not medically necessary.