MAXIMUS Federal Services

Case Number:	CM15-0057909		
Date Assigned:	04/02/2015	Date of Injury:	06/08/2010
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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:

This 61 year old male sustained an industrial injury on 6/8/10. He subsequently reported low back pain. Diagnoses include chronic axial low back pain and lumbar degenerative disc disease. Diagnostic testing has included x-rays and MRIs. Treatments to date have included chiropractic care, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. A request for an MRI of the lumbar spine was made by the treating physician.

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 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, MRI.

Decision rationale: The patient presents with increasing low back pain at a rate of 7/10 to 8/10. The physician is requesting an MRI OF THE LUMBAR SPINE. The RFA dated 02/25/2015 shows a request for MRI scan of the lumbar spine. The patient's date of injury is from 06/08/ 2010 and he is currently permanent and stationary. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines under the Low Back chapter on MRI also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. The 06/10/2014 QME report references an MRI scan of the lumbar spine from 12/27/2010, which showed central canal stenosis at L3-L4 and L4-L5 and disk protrusions at both levels. This report was not made available for review. The 02/25/2015 progress report shows that the patient has not been seen since July of 2013. He continues to treat conservatively with the use of over-the-counter Aleve. He presents with increasing complaints of low back pain. Examination shows normal gait. No evidence of weakness walking on the toes or heels. Sensory examination was intact. The rest of the examination was within normal limits. In this case, the patient does not report new trauma or injury. The sensory and neurological examination does not show any deficits including radiating symptoms. The request IS NOT medically necessary.