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| Case Number: | CM15-0058139 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 07/22/2010 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 02/27/2015 |
| 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old male, who sustained a work/ industrial injury on 7/22/10. He has reported initial symptoms of back pain. The injured worker was diagnosed as having lower back pain with radiculitis. Treatments to date included medication, therapy, activity modification, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Magnetic Resonance Imaging (MRI) was performed in 8/24/2010. X-ray's were performed on 2/6/13. Currently, the injured worker complains of continued throbbing, sharp, and stabbing low back pain that would sometimes radiate to the legs that was reported as 8/10. The pain increased since 1/2015. The treating physician's report (PR-2) from 3/25/15 indicated per exam that the gait was normal without an assistive device, decreased range of motion to the lumbar spine. Straight leg raise (SLR) was positive bilaterally. Muscle strength was normal as well as reflexes. Compression test and Patrick test were positive. On palpation, there was tenderness at lower paraspinal muscle and bilateral sacroiliac joints with muscle tightness. Treatment plan included MRI of the lumbar spine without contrast for comparison from prior study.

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 without contrast: 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): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.