

Case Number:	CM15-0062232		
Date Assigned:	04/08/2015	Date of Injury:	10/22/2012
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 10/22/2012. She reported low back, right hip, and right knee pain after a co-worker pulled a chair away while she was attempting to sit. The injured worker was diagnosed as having lumbar spine disc disorder, right hip sprain/strain and right knee partial tear of medial collateral ligament. Treatment to date has included medications, laboratory evaluations, electromyogram, arthrogram, acupuncture, physiotherapy, chiropractic treatment, modified duty, and magnetic resonance imaging. The request is for magnetic resonance imaging without contrast for the lumbar spine. On 10/3/2014, she had a magnetic resonance imaging of the lumbar spine which revealed disc dessication, and disc herniation. On 2/17/2015, she was seen for re-evaluation of the lumbar spine pain. She rated her pain as 7/10. She also complains of right groin area pain rated 6/10, and right knee pain rated 4/10. The treatment plan included: request for lumbar spine magnetic resonance imaging, s-rays of bilateral pelvis, electro diagnostic studies, and 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 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): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, there was insufficient evidence to show a change in symptoms since the prior lumbar MRI which was only a few months prior to this request. Also, there was no evidence from physical examination findings in the documentation which showed radiculopathy from the lumbar spine, only tenderness which isn't specific to this diagnosis. Therefore, there seems to be no indication for another MRI of the lumbar spine, and this request will be considered medically unnecessary.