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| Case Number: | CM15-0084424 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 09/30/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Expedited | Application Received: | 05/01/2015 |

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 York

Certification(s)/Specialty: Anesthesiology

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 is a 28 year old male who has reported low back pain after a pushing/pulling injury as well as sneezing at work on 9/30/12. He has been diagnosed with a lumbar sprain/strain. Treatment to date has included medications, physical therapy, and chiropractic. The AME on 6/13/14 noted a lumbar MRI on 11/13/12 that was normal. A thoracic MRI in 2013 was normal. At that time of the MRI and the AME he was having low back pain radiating into the lower extremities. The AME did not recommend a repeat MRI. The injured worker has been treating with a new provider in 2015. On 2/20/15 there was ongoing low back pain that radiated to both legs. New thoracic and lumbar MRIs were requested, with a note that there was a prior MRI in 2013. No other indications for an MRI were given. There were no neurological deficits listed. On 4/17/15 Utilization Review non-certified a lumbar MRI, noting the lack of clinical evidence for significant spine pathology. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 291-296, 303, 290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRI.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No "red flag" conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. The treating physician has not provided specific indications for performing an MRI. There are no significant changes clinically since the last MRI. Repeat MRI may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. This injured worker has had chronic low back pain with radiating symptoms to the lower extremities for years. A repeat MRI is not indicated unless significant new findings are present. Such findings were not described. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.