

Case Number:	CM15-0084633		
Date Assigned:	05/06/2015	Date of Injury:	04/19/2013
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, California

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 47 year old, male who sustained a work related injury on 4/19/13. The diagnoses have included lumbar discogenic disease, chronic low back pain and lumbar radiculopathy. The treatments have included lumbar epidural steroid injections without benefit, oral medications, Toradol injections and physical therapy without benefit. In the PR-2 dated 2/23/15, the injured worker complains of low back pain. He rates his pain level at 6-7/10 with medications. He has pain that radiates down his left leg with numbness and tingling. He has decreased range of motion in low back. He is extremely stiff. The treatment plan includes a request for an MRI of the lumbar spine. The patient's surgical history include cervical fusion. The patient sustained the injury due to fall. The medication list include Hydrocodone, Ibuprofen, Omeprazole and Venlafaxine and Baclofen. Per the doctor's note dated 2/23/15 patient had complaints of pain I neck, shoulder and low back. Physical examination of the low back revealed limited range of motion, muscle stiffness and spasm. The patient has had numbness and tingling in left leg. The patient has had an EMG study of the lower extremities on 12/8/14 that revealed no radiculopathy and it was normal. The patient has had a MRI of the low back that revealed disc bulge with foraminal narrowing. The diagnostic imaging report of the MRI of low back was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition. Chapter: Low Back (updated 05/15/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI (Magnetic Resonance Imaging) Lumbar Spine; Per the ACOEM low back guidelines cited below; "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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had a MRI of the low back that revealed disc bulge with foraminal narrowing. The diagnostic imaging report of the MRI of low back was not specified in the records provided. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. The patient has had EMG study of the lower extremities on 12/8/14 that revealed no radiculopathy and it was normal. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury till date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of the MRI of the lumbar spine is not fully established for this patient.