

Case Number:	CM15-0232488		
Date Assigned:	12/08/2015	Date of Injury:	09/11/2011
Decision Date:	01/11/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/25/2015

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: Internal 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:

This 34-year-old female sustained an industrial injury on 9-11-11. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with radiculopathy and thoracic disc displacement. Previous treatment included physical therapy, acupuncture, medial branch block, nerve ablation, home exercise and medications. In a PR-2 dated 5-20-15, the physician documented that magnetic resonance imaging lumbar spine showed degenerative disc disease at L4-S1. In a new patient evaluation dated 7-15-15, the injured worker complained of low back pain, rated 6 to 10 out of 10 on the visual analog scale, associated with numbness, stiffness, fatigue, balance problems, depression, anxiety, insomnia and suicidal thoughts (at times). Physical exam was remarkable for palpable trigger points to the gluteus, piriformis and quadratus lumborum, no tenderness to palpation to the lumbar spine, lumbar spine with no pain on range of motion, negative straight leg raise, negative sacroiliac compression test and bilateral hips with normal hip range of motion without crepitus and positive Patrick's sign on the right. The treatment plan included starting Norco, Nortriptyline and Gabapentin, requesting authorization for functional restoration program, trigger point injections and lumbar epidural steroid injections, x-rays of the right hip and referral to psychology. In a progress note dated 10-9-15, the injured worker complained of low back pain, rated 6 out of 10 on the visual analog scale. The injured worker reported having trouble walking and balance problems. The injured worker was described as cooperative, well-groomed and well-nourished with normal gait and posture. Documentation of objective findings did not mention the lumbar spine or lower

extremities. The treatment plan included magnetic resonance imaging lumbar spine and continuing medications (Nortriptyline and Norco). On 11-4-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar without contrast, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Lumbar spine.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for an MRI of the lumbar spine. There are no subjective complaints of increased back pain, increased radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Therefore, there is no specific indication for a repeat MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.