MAXIMUS Federal Services

Case Number:	CM15-0235395		
Date Assigned:	12/10/2015	Date of Injury:	08/22/2013
Decision Date:	01/19/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 8-22-13. The injured worker was diagnosed as having lumbar myofascial pain; lumbar back disorder; lumbosacral neuritis; L4-5 disc protrusion with radiculopathy. Treatment to date has included lumbar epidural steroid injection (5-15-15); medications. Diagnostic testing included MRI of the lumbar spine (10-14-15). Currently, the PR-2 notes dated 11-11-15 indicated the injured worker returns for a follow-up of her back. Since last visit, the injured worker reports she has remained symptomatic. She takes Ultram for pain and reports constant back pain. The injured worker reports she is scheduled for a repeat MRI scan of the lumbar spine per QME request. On physical examination, the provider notes "gait pattern is normal; heel and toe ambulation cause no increase in back pain. Lumbosacral palpation from L1 to the sacrum shows no areas of tenderness or spasm bilaterally. Lumbar range of motion is 85%; pain with extremes of motion. Straight leg raising is negative bilaterally and no atrophy is noted in the lower extremities. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities." PR-2 notes dated 6-24-15 indicated the injured worker was in the office as a follow-up for her back pain. She reports constant back pain with tingling in both legs. She has been taking Tramadol for pain with no relief with therapy, rest and two epidural injections L4-5 (5-15-15). The provider was requesting a MRI of the lumbar spine on this note. A PR-2 note dated 6-10-15 documents the injured worker has had two epidural injections and reports no improvement. Constant pain is reported and she is not able to work taking Tramadol twice a day. The provider notes "In reviewing her records, I note the patient had a QME evaluation on 11-20-

14. The MRI scan of the lumbar spine from 10-18-14 is reviewed showing 5mm disc at L4-L5." The QME report and MRI of the lumbar spine were not submitted as medical records for review. The provider is requesting a repeat MRI of the lumbar spine. A Request for Authorization is dated 12-3-15. A Utilization Review letter is dated 11-25-15 and non-certification for Outpatient MRI of the lumbar spine. A request for authorization has been received for Outpatient MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out-patient MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in May 2015 when she twisted in her chair and had neck, upper back, and lower back complaints. An MRI of the spine in October 2014 included findings of multilevel disc bulging with degenerative changes and facet arthropathy without stenosis or nerve impingement. When seen, there had been no improvement after two epidural steroid injections. She was having constant back pain. The MRI of the lumbar spine was reviewed showing a 5 mm disc at L4/5. Physical examination findings included a body mass index over 29. There was pain with extremes of lumbar range of motion with was 80% of normal. There was back pain with straight leg raising. There was a normal neurological examination. The report references stenosis with probably radiculopathy. An updated MRI was requested. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, the claimant has already had a lumbar MRI. There are no complaints or physical examination findings of radiculopathy. A repeat MRI is not medically necessary.