Case Number:	CM15-0236304		
Date Assigned:	12/11/2015	Date of Injury:	04/03/2014
Decision Date:	01/28/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female with an industrial injury date of 04-03-2014. Medical record review indicates he is being treated for cervical spine and lumbar spine stenosis. Subjective complaints (10-22-2015) included "severe pain" in the neck and hand with numbness. Shoulder hand and lower back pain were also noted. Medications (10-22-2015) included Percocet. Prior diagnostics included cervical spine MRI. Review of submitted records does not indicate previous MRI. Objective findings (10-22-2015) included tenderness along the cervical spine. Lumbar spine was positive for low back pain. The treatment plan included neuro surgery follow up for epidural steroid injection, continue meds, chiropractic treatment and MRI of lumbar spine. On 11-13-2015 the request for MRI of the lumbar spine was non-certified by utilization review.

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 Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

Decision rationale: The patient presents on 10/22/15 with severe pain in the neck and hands with associated numbness in the upper extremities, shoulder pain, and lower back pain. The patient's date of injury is 04/03/14. The request is for MRI (MAGNETIC RESONANCE IMAGING) LUMBAR SPINE. The RFA is dated 10/28/15. Physical examination dated 10/22/15 is hand written and poorly scanned. This examination reveals tenderness to palpation of the cervical spine, positive Phalen's sign in the bilateral upper extremities, tenderness to palpation of the lumbar spine, and tenderness to palpation at an unspecified surgical site on the right foot. The patient is currently prescribed Percocet. Patient's current work status is described as "remain off work until cleared by NSX" [sic] MTUS/ACOEM Guidelines, Low Back Complaints, Chapter 12, page 303 states: "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." Official Disability Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for a MRI of the lumbar spine, the treater has not provided documentation of progressive neurological deficit or other unequivocal objective findings or specific nerve root compromise. There is no evidence in the records provided that this patient has undergone any MRI imaging of the lumbar spine to date. The progress note associated with this request, dated 10/22/15, documents ongoing lower back pain with exam findings positive for tenderness to palpation of the lumbar spine, though no neurological assessment is included. MTUS guidelines require documentation of lower back pain with a radicular component, corroborated by unequivocal examination findings of neurological compromise or other "red flags" in the lower extremities to substantiate MRI imaging. Without discussion of a traumatic injury, progressive neurological deficit, or other "red flags" which would warrant MRI imaging (as required my MTUS), the requested lumbar MRI cannot be substantiated. Therefore, the request IS NOT medically necessary.