

Case Number:	CM15-0239941		
Date Assigned:	12/18/2015	Date of Injury:	08/19/1996
Decision Date:	01/28/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/08/2015

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:

This is a (n) 68 year old female patient, who sustained an industrial injury on 8-19-96. The diagnoses include lumbar degenerative disc disease and lumbar radiculopathy. She sustained the injury due to fell at work. Per the doctor's note dated 11/10/15, she had complaints of low back pain with radiation to the right leg to foot with numbness. Physical exam revealed pain with lumbar spine range of motion, tenderness with lumbar facets and normal strength, sensation and reflexes in the lower extremities. Per the doctor's note dated 6-8-15, 8-3-15 and 9-28-15, she had complaints of lower back and bilateral feet pain. She rated her pain 8-9 out of 10 with medications and 10 out of 10 without medications. Objective findings dated 6-8-15, 8-3-15 and 9-28-15 revealed restricted lumbar range of motion and tenderness to palpation in the lumbar paravertebral muscles. The medications list includes Norco, Kadian, cymbalta and Xanax. Treatment to date has included acupuncture, epidural steroid injections. She had lumbar spine MRI done on 12/3/15 which revealed multilevel disc protrusions. She had prior MRI 7 years ago. This prior MRI report was not specified in the records provided. She had lumbar spine MRI on 9/1/14. The Utilization Review dated 11-23-15, non-certified the request for a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 01/11/16) MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine; Per the ACOEM low back guidelines: 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, computer tomography [CT] for bony structures). She had prior MRI 7 years ago. Per the cited guidelines 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). This patient is 68 years old with pain rated 8-9/10 with medications and 10/10 without medications. The patient had low back pain with radiation to the right leg to foot with numbness and physical exam revealed pain with lumbar spine range of motion, tenderness with lumbar facets. She has tried conservative therapy including acupuncture and pharmacotherapy. It is medically necessary to perform lumbar MRI to evaluate chronic back symptoms and to rule out any red flags. It is deemed that the request of MRI of the lumbar spine is medically necessary, based on the records provided.