MAXIMUS Federal Services

Case Number:	CM14-0116079		
Date Assigned:	08/06/2014	Date of Injury:	11/09/1998
Decision Date:	10/06/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 was injured on 11/9/98, with ongoing complaint of pain in the low back and radiation to both lower extremities. His diagnoses include low back pain with bilateral radiculopathy, degenerative disc disease, gastroesophageal reflux secondary to Norco use and insomnia secondary to pain. Lumbar x-rays on 4/10/14 did show degenerative changes with mild facet sclerosis at L4-5 and L5-S1. He did have degenerative disc space narrowing at L3-4 and L4-5. Physical examinations have shown lumbosacral tenderness to palpation and muscle tightness. Although there is documentation of lower extremity pain, examinations do not document neurologic findings in a specific dermatomal pattern. The most current treatment note indicates that physical therapy had been ordered. The records do not document response to physical therapy or progressive severe symptoms. The primary treating physician has requested 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:

MRI of the Lumbar Spine: Upheld

Claims Administrator 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 Index, 12th Edition (web), 2014, Low Back Chapter: Repeat MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: The MTUS states that 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 and option. Indiscriminate imaging will result in falls false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The ODG guidelines document that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one 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. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. The utilization review dated 6/28/14 did not certify the lumbar MRI since there was no documentation of specific neurologic deficits on examination. In this case, while he does have low back pain with some complaint of pain in the lower extremities, there is no documentation of severe and progressive symptoms, myelopathy, radiculopathy with significant neurologic deficit or other red flag conditions that would meet the criteria for a lumbar MRI prior to at least one month trial of conservative therapy. The treatment note of 5/27/14 does indicate that physical therapy was requested but there is no documentation of response to the therapy and other conservative treatment. The request for MRI of the lumbar spine is not medically necessary.