MAXIMUS Federal Services

Case Number:	CM14-0143762		
Date Assigned:	09/12/2014	Date of Injury:	02/03/2000
Decision Date:	10/14/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 patient is a 52 year old female with a work injury dated 2/3/00. The diagnoses include chronic low back pain. Under consideration is a request for lumbar spine MRI.There is a primary treating physician report dated 8/19/14 which states that the patient is a 52 year old female seen today for a follow-up visit on her chronic low back pain symptoms with some lower extremity pain symptoms. When she was last seen she could not handle the pain that she had and she was trialed on a Butrans patch. She feels that this patch has been extremely helpful in reducing her pain. She rates her pain currently some more between a 5-7 /10, where prior to using the patch her pain would be between and 8-10/10. She continues to describe primarily low back pain but does have bilateral lower extremity symptoms as well. He was a little difficult to get the exact pattern for pain although on the left leg does seem to travel in the posterior thigh and calf pattern. Prior treatments have included injections, physical therapy, CBT, Norco, tramadol, gabapentin and at one point she was prescribed Cymbalta but this was denied. On exam she ambulates with a nonantalgic gait. Neurologically her sensation, reflexes and motor testing were intact in both lower extremities although there was some pain in the left foot and ankle with motor testing. Straight leg raise was positive on the left producing pain down the posterior part of the leg to the calf. Cross straight leg raise was negative. The treatment plan states was to reassure the patient about: her symptoms. Discussed indications to consider an MRI of the lumbar spine. Reviewed the surgery typically is not beneficial for primarily low back pain. Reviewed the option for injections, but patient was somewhat hesitant. She would like to have the MRI updated to determine if another path could be pursued. We also discussed the possibility of increasing her Butrans dosage at the next visit. An MRI of the lumbar spine was ordered. A prior MRI dated 11/29/10 revealed a stable appearance of the lumbar spine from the prior study 2. L4-5 and L5-

S1 facet degenerative disease asymmetric on the left at L5-Sl. 3. Mild disc degeneration and bulging at several levels. 4. Mild L1-2 through L3-4 spinal stenosis, stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Lumbar spine MRI is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that 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. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation submitted does not reveal a plan for lumbar surgery or evidence of red flag conditions. The request for MRI of the lumbar spine is not medically necessary.