

Case Number:	CM14-0155447		
Date Assigned:	09/25/2014	Date of Injury:	02/17/2012
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 38-year-old male patient who reported an industrial injury to the back on 2/17/2012, over 2 years ago, attributed to the performance of his usual and customary job tasks when slipped and fell down a staircase. The patient was previously treated with medications, work restrictions, wrist, hearing aid, heat/cold applications, immobilization, TENS unit, home exercise program, and physical therapy. A prior MRI of the lumbar spine dated 3/19/2012 documented evidence of disc protrusions from L3-L4 to L5-S1 with neural foraminal stenosis at right L4-L5 and left L5-S1. The patient continued to complain of back pain radiating to the leg knee and ankle. The objective findings on examination included normal gait; diminished range of motion to the lumbar spine; tenderness to palpation to L4-L5 and L5-S1; sensation was intact; negative SLR. The patient was diagnosed with chronic radicular low back pain, disability is, neural foraminal stenosis, and a lateral recess stenosis. The patient was prescribed hydrocodone-APAP; naproxen; Pantoprazole. The treatment plan included a possible epidural steroid injection and a repeated 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:

1 MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, On Line Edition Chapter: Low Back

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

Decision rationale: The request for the authorization of a repeated MRI of the lumbar spine for the diagnosis of chronic low back pain was not supported with objective evidence on examination by the treating physician, as there were no neurological deficits documented and no red flags documented for the reported pain to the back radiating to the lower extremity. The patient was ordered a MRI of the lumbar spine as a screening study. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. There was no demonstrated progressing neurological deficit. The request was not made with the contemplation of surgical intervention but as a screening study. The prior MRI of the lumbar spine performed demonstrated no nerve impingement radiculopathy. There was no evidence of having prior Electrodiagnostic studies. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with subjective numbness and tingling to the right lower extremity. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the objective findings documented on examination. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three (3) months of symptoms with demonstrated failure of conservative care. The request for a repeated MRI of the lumbar spine without contrast with any documented clinical or neurological deficits is not medically necessary.