

Case Number:	CM14-0155827		
Date Assigned:	09/25/2014	Date of Injury:	05/15/2008
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
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 Occupational 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:

The patient is a 58-year-old with date of injury of May 15, 2008. The listed diagnoses per [REDACTED] from September 9, 2014 are low back pain with radiation to the right posterior leg, and discogenic low back pain. According to this report, the patient complains of continued low back pain that is achy and radiates to the bilateral hips and right buttock. She had a QME evaluation 2 weeks ago, and she felt that all the request that were made at the last appointment were valid. The patient rates her pain a 9/10 to 10/10 without medication and 7/10 to 9/10 with medication use. The examination shows tenderness at the facet joint at L3 through S1 bilaterally. Tenderness noted in the paraspinal muscles and no sciatic notch is noted. Mild sacroiliac tenderness was present. Range of motion is diminished in all fields. Reflexes of the lower extremity are 2+. Strength is 5-/5 bilaterally. Sensation is normal. Patrick's test causes pain in the lower back. Straight leg raising caused pain in the right buttock. The patient's gait is antalgic. The treater references an MRI of the lumbar spine from July 10, 2008 that showed prominent disk bulging at L3-L4, minimal bulge at L4-L5, and marked degeneration at L5-S1. The utilization review denied the request on September 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient presents with low back pain. The treater is requesting an MRI of the lumbar spine. The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines 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 would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, nerve compression and recurrent disk herniation). The September 9, 2014 report show tenderness in the facet joints at L3 though S1 bilaterally and also in the paraspinal muscles. Also, reflexes in the lower extremities are 2+ and strength is 5-/5 bilaterally. Sensation is normal. In this case, the patient had an MRI 2008 and the treater does not document any new injury, red flags, or new trauma that would warrant the need for an updated MRI. The request for an MRI of the lumbar spine is not medically necessary or appropriate.