

Case Number:	CM14-0160326		
Date Assigned:	10/03/2014	Date of Injury:	12/06/2003
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 is a 37-year-old male who reported an injury while trying to load heavy machinery onto a truck when a post slipped and crushed his right knee on 12/06/2003. On 08/01/2014, his diagnoses included low back pain with radicular symptoms to the right lower extremity; status post right knee surgery x3 with residual symptoms; and left knee pain, possibly a compensatory consequence. His complaints included low back pain with radiation into the right lower extremity. He rated his pain at 8/10 without medication and 5/10 with medication. There were paravertebral tenderness and muscle spasms in the lower lumbar region. Sensation to light touch was decreased in the right L4-5 and S1 dermatomes. Range of motion of the lumbar spine was limited. The treatment plan included a request for an updated lumbar MRI due to persistent pain. On 01/18/2014, there was a review of a lumbar MRI performed on 07/18/2013. There were no disc herniations, spinal canal or neural foraminal stenosis from L1-5. At L5-S1, there was a disc protrusion and annular tear with disc desiccation but no significant central canal stenosis with mild neural foraminal stenosis bilaterally. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of LS (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs.

Decision rationale: The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a finding that was present before symptoms began, and therefore, has no temporal association with the symptoms. MRI is specifically not recommended for lumbosacral strain. It is recommended for disc protrusion. The Official Disability Guidelines recommend that MRI for uncomplicated low back pain with radiculopathy is not recommended until after at least 1 month of conservative therapy. This includes a self-performed exercise program as an extension of prior physical therapy that included ongoing back strengthening and flexibility exercise as well as aerobic exercises and appropriate drug therapies which include trials of antidepressants and/or anticonvulsants in conjunction with analgesics. There was no evidence in the submitted documentation that this injured worker had been participating in an exercise program including back strengthening, flexibility or aerobic exercises. There was no documentation of failed trials of antidepressants and/or anticonvulsants. Additionally, an MRI of the lumbar spine was completed in 07/2013. There was no rationale or justification for a repeat MRI. The need for a repeat MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI of LS (Lumbar Spine) is not medically necessary.