

Case Number:	CM14-0167060		
Date Assigned:	10/14/2014	Date of Injury:	07/12/2013
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 40 year old female with an injury date of 07/12/13. Based on the 09/18/14 progress report provided by [REDACTED], the patient complains of low back pain that goes into her hip. Physical examination on 10/09/14 revealed tenderness to palpation to the lumbar paraspinal muscles and positive straight leg raise test on the right at 70 degrees. Her medications include Prednisone, Soma, Gabapentin and Ibuprofen. Patient has had many courses of physical therapy. The physician is requesting MRI of the lumbar spine "to further assess for intra-articular abnormalities and worsening of the patient's condition." Per progress report dated 10/09/14, the physician states "It has been almost a year since her last MRI. Due to increase in pain and radiation, I would like to obtain a new MRI as we would like to request epidural steroid injections and do need new MRI for this placement of back." Diagnosis 09/18/14 - lumbar pain with radiculopathy [REDACTED] is requesting MRI Lumbar Spine. The utilization review determination being challenged is dated 10/08/14. [REDACTED] is the requesting provider and he provided treatment reports from 04/18/14 - 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (l-spine)

Decision rationale: ODG Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (l-spine) state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation)". The physician is requesting MRI of the lumbar spine "to further assess for intra-articular abnormalities and worsening of the patient's condition." Per progress report dated 10/09/14, the physician further indicates that it has been almost a year since her last MRI, and due to increase in pain and radiation, he would like to obtain a new MRI to request epidural steroid injections. Subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. The patient is not post-operative either. There does not appear to a valid reason for an updated MRI. Recommendation is for denial. Treater is requesting MRI of the lumbar spine "to further assess for intraarticular abnormalities and worsening of the patient's condition." Per progress report dated 10/09/14, treater further states that it has been almost a year since her last MRI, and due to increase in pain and radiation, he would like to obtain a new MRI to request epidural steroid injections. Subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. The patient is not post-operative either. There does not appear to a valid reason for an updated MRI. Recommendation is for denial.