

Case Number:	CM14-0201536		
Date Assigned:	12/11/2014	Date of Injury:	10/04/2004
Decision Date:	03/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female sustained work related industrial injuries on October 4, 2004. The mechanism of injury was not described. The injured worker subsequently complained of chronic lower back pain and bilateral lower extremities pain. The injured worker was currently diagnosed and treated for spinal stenosis of lumbar region, displacement of lumbar intervertebral disc without myelopathy, and spondylolisthesis. Treatment consisted of diagnostic studies, prescribed medications, consultations and periodic follow up visits. Per most recent treating provider report dated December 5, 2014, physical exam revealed tenderness of the lumbar spine with restricted, painful range of motion. Motor strength was within normal limits. The treating physician prescribed services for MRI of the lumbar spine now under review. On November 13, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the lumbar spine requested on October 31, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the lumbar spine, noting the lack of clinical documentation indicating neurological deficits of the lumbar spine that would warrant further evaluation of imaging. The MTUS, ACOEM Guideline was cited. On December 2, 2014, the injured worker submitted an application for IMR for review of 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:

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The 56 year old patient presents with chronic pain in lower back and bilateral lower extremities, rated at 4-9/10, as per progress report dated 08/12/14. The request is for MRI OF THE LUMBAR SPINE. There is no RFA for this case. The date of injury is 10/04/04. The patient is also suffering from depression secondary to the pain and reports that the pain has a significant impact on activities of daily living. Prior MRI of the lumbar spine in 2009 revealed L5-S1 left lateral protrusion with extrusion and L4-5 right-sided listhesis. The patient also had a lumbar MRI in 2002 which revealed worsening of lumbar disc bulge to a herniation and extrusion. The patient has been diagnosed with spondylolisthesis, disorder of trunk, spinal stenosis of lumbar region, displacement of lumbar intervertebral disc, and lumbar disc prolapse with radiculopathy. The patient is looking for employment opportunities, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, only one progress report dated prior to the UR date of 11/13/14 has been provided for review. In progress report dated 08/12/14, the patient complains of chronic low back pain rated at 4-9/10. Physical examination reveals tenderness of spinal process at L5 and paraspinal region at L4 along with restricted and painful range of motion. The patient has had two MRIs of the lumbar spine in the past in 2002 and 2009. The treater does not explain the need for another MRI. There are no red flags and the patient is not post-op and does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.