

Case Number:	CM14-0213077		
Date Assigned:	12/30/2014	Date of Injury:	06/04/2014
Decision Date:	02/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/19/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 39-year-old man with a date of injury of June 4, 2014. The mechanism of injury was documented as a twisting injury.. The injured worker's working diagnoses are lumbar disc displacement; lumbar sprain/strain; and sciatica.Pursuant to the most progress note dated December 23, 2014, the IW complains of persistent L5-S1 back pain radiating down the right leg with numbness. In another entry, the documentation states the back pain does not radiate. He denies paresthesias. He has increased his use of narcotics. The IW has completed 6 acupuncture sessions and 6 physical therapy (PT) sessions. He reports PT is not working. The IW denies range of motion (ROM) limitation. Objectively, the IW ambulates with normal gait with full weight bearing on both lower extremities. There is no loss of lordosis. There is no weakness in the lower extremities. The spine is not kyphotic. He does not have scoliosis. The pelvis is symmetrical. Flexion with fingertips is approximating the knee. Neurologically, heel to toe ambulation is performed without difficulty. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The back muscles display no weakness, however, back ROM is weakened. The IW is taking Hydrocodone 10/325mg for pain. The IW had an MRI of the lumbar spine on July 16, 2014, which showed degenerative joint disease with a 3mm disc protrusion at L5-S1. The IW was referred to pain management on November 11, 2014. A referral was also made to sports medicine. The IW refuses ortho surgery or other treatment without a repeat MRI of the lumbar spine. The current request is for 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): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging lumbar spine is not medically necessary. MRIs of the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is 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, neural compression, recurrent disc herniation). The Official Disability Guidelines enumerate the indications for magnetic resonance imaging of the thoracic and lumbar spine. In this case, the injured worker's working diagnoses are lumbar disc displacement; lumbar sprain/strain; and sciatica. The IW had an MRI of the lumbar spine on July 16, 2014, which showed degenerative joint disease with a 3mm disc protrusion at L5-S1. Pursuant to the most progress note dated December 23, 2014, the IW complains of persistent L5-S1 back pain radiating down the right leg with numbness. In another entry, the documentation states the back pain does not radiate. He denies paresthesias. He has increased his use of narcotics. The IW has completed 6 acupuncture sessions and 6 physical therapy (PT) sessions. He reports PT is not working. The IW denies range of motion (ROM) limitation. The IW refuses ortho surgery or other treatment without a repeat MRI of the lumbar spine. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no clinical indication to repeat the MRI lumbar spine document the medical record. There were no significant changes in symptoms or objective findings. Consequently, absent cynical documentation in support of repeating the MRI lumbar spine without a clinical indication/rationale, MRI lumbar spine is not medically necessary.