

Case Number:	CM14-0215274		
Date Assigned:	01/02/2015	Date of Injury:	09/10/2002
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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:

This is a 47 year old female, who sustained a work related injury on September, 10, 2002. The mechanism of injury was not noted. A progress report dated January 21, 2014 noted that the injured worker reported continued lower extremity pain and low back pain without radiation. Physical examination revealed increased pain and a positive straight leg raise. Sensation was noted to be decreased in the right lumbar three and lumbar four distributions. Work status is temporarily totally disabled. Medications include Cymbalta, Tramadol, Topamax and Trazadone. Diagnoses include fibromyalgia and lumbar radiculopathy. A neurological examination dated June 22, 2014 notes that the injured worker had a normal gait and a negative Romberg test. Physical examination revealed neck tenderness without spasm and tenderness over the right arm up to the right shoulder to palpation. There was also diffuse tenderness of the back. The treating physician noted that most of the injured worker symptoms were related to her fibromyalgia. The treating physician requested an MRI of the lumbar spine without contrast. Utilization Review evaluated and denied the request on December 1, 2014 noting lack of documentation that the injured worker attended physical therapy to address the new clinical findings and lack of documentation of a failure of conservative care to support emergent imaging. ACOEM, Chapter 12 guidelines and the Official Disability Guidelines recommendations were not met. Therefore, the request for an MRI of the lumbar spine without contrast is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Procedure Summary

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, MRI lumbar spine without contrast is not medically necessary. MRIs are 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 is 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 imaging of the lumbar spine. See guidelines for details. In this case, the injured workers working diagnosis is lumbar radiculopathy and carpal tunnel syndrome. There was no prior magnetic resonance imaging of the lumbar spine. The documentation did not provide a clinical indication for the MRI of the lumbar spine. The injured worker complains of low back pain with radiation. On physical examination and was tenderness to palpation, positive straight leg raising bilaterally and decreased touch sensation right lower extremity at L3 - L4. However, the documentation did not provide any evidence of conservative measures such as physical therapy which according to the guidelines is a prerequisite. The guidelines recommend, uncomplicated low back pain, with radiculopathy one month conservative therapy. There was no conservative therapy documented in a medical record and, as a result, MRI lumbar spine is not recommended. Consequently, absent clinical documentation with conservative measures (physical therapy) according to the guideline recommendations, MRI lumbar spine without contrast is not medically necessary.