

Case Number:	CM14-0217731		
Date Assigned:	01/08/2015	Date of Injury:	09/29/2009
Decision Date:	03/05/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 is a 47 year old male with a work related injury dated 09/29/2009 after being dropped down some stairs during an emergency drill while working at a hospital. According to a new patient consultation dated 12/05/2014, the injured worker presented with complaints of low back pain with right greater than left radiculopathy. Diagnoses included lumbago with intermittent right greater than left sciatica. Noted treatments have consisted of epidurals, physical therapy, and medications. Diagnostic testing included MRI on 01/20/2010 which demonstrated a central disc protrusion at L5-S1 touching the anterior aspects of the S1 nerve roots bilaterally with mild attenuation of the neuro foramen bilaterally at L5-S1. Work status is noted as working as a certified nursing assistant. On 12/15/2014, Utilization Review non-certified the request for MRI of the Lumbar Spine without Contrast citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated prior MRI of the lumbar spine showed a central disc protrusion at L5-S1 touching the anterior aspects of the S1 nerve roots bilaterally and attenuation of the neuro foramen bilaterally at L5-S1. However, there is currently limited documentation of neurologic deficits in the physical exam to support the request along with limited documentation of a significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, MRI

Decision rationale: The patient presents with low back pain with right greater than left radiculopathy. The request is for MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. The utilization review letter states that, It has been five years since the last MRI. For special diagnostics, ACOEM Guidelines page 303 states, unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topic states that, MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of 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" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. The utilization review letter states that the patient has had a prior MRI of the lumbar spine 5 years ago. The treater is requesting for an updated MRI of the lumbar spine. The reason for the request is not provided. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new locations of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine without contrast IS NOT medically necessary.