MAXIMUS Federal Services

Case Number:	CM14-0095164		
Date Assigned:	07/25/2014	Date of Injury:	04/10/2011
Decision Date:	08/25/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 30 year old female patient who sustained an industrial injury on 04/10/2011. The diagnoses include lumbar spine strain, lumbar radiculitis/neuritis and lumbar herniated intervertebral disc. She sustained the injury due to slipped on a French fry bag. Per the primary treating physician's progress note dated 07/08/2011, she reported low back pain. Objective findings revealed moderate tenderness of paralumbar muscles, discomfort with lumbar flexion/extension and positive straight leg raises on the right. Per the comprehensive outpatient surgery center report dated 12/18/2012 and 1/29/2013, patient underwent lumbar epidural injections with prediagnoses of low back pain with bilateral lower extremities radiculopathy, displacement of lumbar intervertebral disc, annular tear at the L4-5 disc and myalgia. Per the agreed medical evaluator (AME) report dated 12/30/2013, she had chief complaint consisted of low back pain with radiation to bilateral legs at 10/10. Per the urine toxicology report dated 5/21/2014, the medications list includes hydrocodone. She has had X-ray of the lumbar spine which revealed mild narrowing of the L4-5 disc space with no associated degenerative change; Magnetic Resonance Imaging (MRI) of the lumbar spine on 06/16/2011 which revealed 7mm central and right paracentral disk protrusions with annular tear causing right lateral recess narrowing with mass effect on the traversing right L5 nerve. She has had shock wave, aqua therapy, physical therapy, acupuncture treatment, biofeedback sessions, prescribed medications and psychologist consultation for this injury. The treating physician prescribed services for MRI Lumbar Spine, no contrast with 3D Rendering and Interpretation now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine, no contrast with 3D Rendering and Interpretation: 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 (updated 05/12/14), MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

Decision rationale: MRI Lumbar Spine, no contrast with 3D Rendering and Interpretation Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." A recent detailed clinical evaluation note is not specified in the records provided. The records provided do not specify any progression of neurological deficits for this patient. In addition, per the records provided patient has already had Magnetic Resonance Imaging (MRI) of the lumbar spine on 06/16/2011 which revealed 7mm central and right paracentral disk protrusions with annular tear causing right lateral recess narrowing with mass effect on the traversing right L5 nerve. Per the cited guidelines "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, neurocompression, recurrent disc herniation)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. The details of the response to previous conservative therapy including medications, is not specified in the records provided. The MRI Lumbar Spine, no contrast with 3D Rendering and Interpretation is not medically necessary for this patient at this juncture.