

Case Number:	CM15-0011509		
Date Assigned:	01/29/2015	Date of Injury:	10/17/2008
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 10/17/2008. She has reported back injury. The diagnoses have included lumbago, low back strain, lower abdominal pain, neck and arm radicular symptoms, fibromyalgia, degeneration lumbar spine, and psychological problems. Treatment to date has included medications, diagnostics, cervical pillow, lumbar epidural injections and physical therapy. Currently, the injured worker complains of increased headaches and muscle spasm since the weather has gotten colder. There has also been increased pain with radiation down the legs and tingling in feet. She is also complaining of not being able to hold her urine and wakes in the middle of the night finding that she wets herself. She states that current pain medication gives her about 80 percent pain relief including hydrocodone, gabapentin, lyrica and thermacare patches. Physical exam revealed moderate to severe distress secondary to abdominal and back pain. The abdomen was tender to palpation in the left lower quadrant. Magnetic Resonance Imaging (MRI) of lumbar spine dated 2/2/13 revealed disc desiccation throughout the lumbar spine and diffuse posterior disc bulge. The X-ray of lumbar spine dated 1/25/13 revealed minimal changes and essentially normal. On 1/6/15 Utilization Review non-certified a request for MRI of the lumbar spine, noting the injured worker has previously undergone Magnetic Resonance Imaging (MRI) of lumbar spine on 11/21/2006 and 2/2/13. There was no evidence of disc pathology noted or nerve root compromise. The (ACOEM) Occupational Medicine Practice Guidelines was cited.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents constant neck and low back pain rated 7-8/10 radiating to the lower extremities with associated weakness, numbness and tingling. The request is for MRI OF THE LUMBAR SPINE. The RFA provided is dated 01/07/15. Patient's diagnosis included lumbago, low back strain, lower abdominal pain, neck and arm radicular symptoms, fibromyalgia, degeneration lumbar spine, and psychological problems Patient is permanent and stationary. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)". In this case, per the imaging study reports, on 02/12/13, the patient underwent a lumbar spine MRI which showed disc desiccation throughout the lumbar spine, diffuse posterior disc bulge, subtle left convex curvature of the lumbar spine, and mild degenerative changes. There was no neural impingement. On 05/19/14, the patient underwent a radionuclide whole body bone imaging which was normal. In review of the clinical information, there is no evidence of new injuries, no defined clinical changes from the time of the prior studies to present, and no new locations of symptoms that would require additional investigation. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology Therefore, the request IS NOT medically necessary.