

Case Number:	CM15-0011983		
Date Assigned:	01/29/2015	Date of Injury:	12/26/2013
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
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 46 year old male, who sustained an industrial injury on 12/26/2013. He has reported being struck by a forklift at both ankles causing him to be thrown backwards to the ground sustaining injuries to the lower back and both ankles. Diagnoses include right lumbosacral radiculitis, bilateral ankle and foot pain, and lumbar three to four, lumbar four to five, and lumbar five to sacral one degenerative disc disease and bulge with stenosis. Treatment to date has included magnetic resonance imaging of the lumbar spine, physical therapy, laboratory studies, and epidural injection. In a progress note dated 12/17/2014 the injured worker reports complaints of low back pain with associated complaints of right buttock and leg pain. The treating physician requested a magnetic resonance imaging of the lumbar spine for applying the treatment plan appropriate for the injured worker noting that it was more than six months since the last magnetic resonance imaging .On 01/15/2015 Utilization Review non-certified the requested treatment of a magnetic resonance imaging of the lumbar spine (repeat), noting the American College of Occupational and Environmental Medicine Guidelines pages 303 to 304, tables 12-1, and 12-8 along with Official Disability Guidelines, Magnetic Resonance Imaging Lumbar, Indications for Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine (repeat): Upheld

Claims Administrator 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)

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 was injured on 12/26/13 and presents with low back pain which radiates into the right buttock down to the knee. The request is for a MRI Of The Lumbar Spine. The RFA is dated 12/26/14; the patient is temporarily totally disabled and modified duty is not available. The patient had a prior MRI of the lumbar spine on 05/13/14. On 10/17/14, he underwent a lumbar epidural steroid block at left L4-5. For special diagnostics, ACOEM Guidelines page 303 states, "An equivocal 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 12/17/14 report states that the treater is requesting for an "updated lumbar MRI, given that his most recent imaging studies are more than 6 months old and updated imaging is required to tailor an appropriate treatment plan." In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine IS NOT medically necessary.