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| Case Number: | CM15-0013199 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 10/13/1997 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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: Emergency 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:

The injured worker is a 55 year old male with an industrial injury dated 10/13/1997. His diagnoses include lumbar radiculopathy, lumbar spondylosis, unspecified neuralgia neuritis and radiculitis, and fibromyalgia/myositis. Recent diagnostic testing was not submitted or discussed. He has been treated with medications, physical therapy, chiropractic treatments, acupuncture, bio feedback, and psychological interventions. In a progress note dated 10/28/2014, the treating physician reports low back and leg pain. The objective examination revealed stiffness in the lumbar spine, with pain over the lumbar intervertebral spaces on palpation, palpable twitch positive trigger points in the lumbar paraspinal muscles, antalgic gait, and lumbar pain with flexion and extension and left lateral flexion. The treating physician is requesting a MRI of the lumbar spine which was denied by the utilization review. On 01/13/2015, Utilization Review non-certified a request for MRI of the lumbar spine, noting the absence of failure of conservative therapy, red flags or symptoms are severe or there is progressive neurologic deficit. The ODG Guidelines were cited. On 01/22/2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back and leg pain. The treating physician has documented stiffness in the lumbar spine, with pain over the lumbar intervertebral spaces on palpation, palpable twitch positive trigger points in the lumbar paraspinal muscles, antalgic gait, and lumbar pain with flexion and extension and left lateral flexion. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI lumbar spine is not medically necessary.