

Case Number:	CM15-0015279		
Date Assigned:	02/03/2015	Date of Injury:	10/06/2004
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 39 year old female, who sustained an industrial injury on 10/6/04. She has reported low back injury after lifting a client. The diagnoses have included radicular lumbosacral back pain. Treatment to date has included medications, diagnostics, and physical therapy. Currently, the injured worker complains of low back pain with numbness and tingling in bilateral lower extremities. The Lyrica seems to be helping her with the back pain, numbness and tingling although she is having a lot of memory problems. She states that it might be from the Lyrica and wants to be weaned off of it. She also complains of shortness of breath. The physical exam revealed weight of 180 pounds and height was 61 inches. The vital signs were unremarkable. Work status was to return to full duty on 12/24/14. Magnetic Resonance Imaging (MRI) dated 9/22/14 revealed disc bulge and partial narrowing of the ventral subarachnoid space, partial narrowing of the neural foramina and questionable annular tear. On 1/8/15 Utilization Review non-certified a request for MRI of the low back, noting the injured worker did not have any documented red flag signs, was not considering surgical intervention, and clinical status was not rapidly declining, therefore medical necessity was not established. 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 low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of the low back is not medically necessary.