

Case Number:	CM15-0016002		
Date Assigned:	02/04/2015	Date of Injury:	08/04/2008
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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, versus 54, year old male who sustained an industrial injury reported on 8/4/2008. He has reported constant, severe pain in the lower back. The diagnoses have included right inguinal hernia repair; right torn meniscus with repair; lumbar disc disease without myelopathy; and spinal stenosis - lumbar region. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be returned to modified work duties. On 1/6/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/29/2014, for a magnetic resonance imaging of the lumbar spine. The American College of Occupational and Environmental Medicine, low back, imaging studies, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability

guidelines chapter Lower back Lumbar & Throacic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)

Decision rationale: The patient presents with constant severe lower back pain, rated at 8/10, as per progress report dated 12/17/14. The request is for LUMBAR SPINE MRI. The patient's date of injury is 08/04/08. The patient has a restricted range of motion in the lower back and has been diagnosed with lumbar intervertebral disc disease and spinal stenosis of the lumbar region, as per progress report dated 12/17/14. Medications, as per progress report dated 10/31/14, included Celebrex and Norco. In progress report dated 09/19/14, the patient reports pain in bilateral feet. The patient has been allowed to return to modified work, as per progress report dated 12/17/14. ACOEM Guidelines, chapter 8, page 177 and 178, state 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. ODG Guidelines, chapter Lower back Lumbar & Throacic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, the patient is suffering from severe low back pain. Straight leg raise is positive on the right, as per progress report dated 10/31/14, along with tenderness at the L4 level. In progress report dated 09/19/14, the treater states that the low back pain is radiating to right lower leg. In progress report dated 10/31/14, the patient denies any radiating pain. The treater is requesting an MRI to rule out spinal stenosis, as per progress report dated 12/17/14. Available progress reports do not document prior lumbar MRI. However, the UR denial letter states that the patient underwent an MRI in 03/25/10 which revealed no central canal stenosis, no intradural or extradural abnormalities, and mild degenerative disc disease. This report is not available for review. It is not clear if the patient developed any new symptoms since the previous MRI scan. Guidelines support repeat MRIs only if there is a progression of neurologic deficit. The medical reports provided do not indicate that the patient has worsening radiculopathy or change in neurological deficit to warrant a repeat MRI. Hence, the request IS NOT medically necessary.