

Case Number:	CM15-0016787		
Date Assigned:	02/05/2015	Date of Injury:	11/23/2009
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 11/23/2009. A primary treating office visit dated 12/05/2014 reported subjective complaint of consistent neck and lower back pain. She is reporting increased pain since she fell over the weekend. She did seek service from the emergency department and was given medication. Diagnostic testing performed on 10/16/2013 showed magnetic resonance imaging (MRI) found multi-level spondylosis at C4-5 through C6-7 most severe at C5-6; right paracentral disc protrusion at C5-6 causing focal mass effect upon the thecal sac. Another MRI obtained 07/24/2013 showed with degenerative changes in the lumbar spine with disc bulging at L5-S1. Objective findings showed tenderness and spasm noted in lumbar paraspinal muscles, increased pain with flexion/extension of the low back; tenderness to the right sacral area. Dyesthesia to touch left L5-S1 dermatome. She is diagnosed with clinically consistent lumbar radiculopathy; low back pain; lumbar facet pain; neck pain and cervical degenerative disc disease. A request was made to obtain another magnetic resonance image of lumbar spine. On 12/31/2014 Utilization Review non-certified the request, noting the cA MTUS/ACOEM Guidelines, Low Back complaints, and the Official Disability guidelines low Back were cited. The injured worker submitted an application on 01/29/2015 for an independent medical review of services.

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 ODG, Low Back- MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines. Page(s): 301-315.

Decision rationale: Regarding this request for an MRI of the Lumbar spine, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Request is not reasonable as there is no indication that there has been failure of conservative therapy or that there are red flags or that symptoms are severe or there is a progressive neurologic deficit. This patient had an MRI performed in 2013, and it failed to show any acute findings. The requesting physician is requesting a repeat MRI due to persistent pain. She is noted on the office note from 12/2014 to have "clinically consistent radiculopathy." It is stated that she was recently treated for a fall in a local ER, and has had increased pain since that time, but there is no documentation of a failure of conservative treatment to treat her acute on chronic pain. No more of a compelling rationale has been provided that would necessitate a repeat MRI. Likewise, based off the documentation that has been provided, this request for a repeat MRI is not considered medically necessary.