

Case Number:	CM15-0110560		
Date Assigned:	06/17/2015	Date of Injury:	07/31/2013
Decision Date:	09/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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 54 year old female who sustained a work related injury July 31, 2013. According to a primary treating physician's updated progress report, dated April 14, 2015, the injured worker presented with moderate back pain, rated 5-6 out of 10, which radiates up to the head, described as burning, clicking, and stabbing, associated with tingling, tenderness, and weakness. Current medication included Motrin, Tramadol, and Omeprazole. Physical examination revealed; 5'2" and 153 pounds; tenderness of the lumbar spine especially at the L4-5 and L5-S1 midline; flexion 30 degrees and extension 10 degrees; tenderness at the mid cervical spine; tenderness at the shoulders and elbows. The physician reviewed an MRI of the lumbar spine, performed August 14, 2013, which revealed a moderate to severe central canal stenosis at L4-5; broad disc herniation, short pedicles; bulge at L3-4. An MRI of the cervical spine dated March 8, 2015, showed mild disc desiccation from C3-7. Diagnoses are mechanical fall on buttocks July 31, 2013; coccydynia with coccygeal fracture; lumbar strain with lumbar radiculopathy; multiple myofascial tender points, with chronic myofascial pain syndrome. At issue, is the request for authorization for an 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 (Magnetic Resonance Imaging) of the lumbar spine without contrast material:

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) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), (updated 04/29/15) Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Imaging, pages 303-304.

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse tenderness and limited range. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material is not medically necessary or appropriate.