

Case Number:	CM15-0111197		
Date Assigned:	06/17/2015	Date of Injury:	09/08/2000
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old female with a September 8, 2000 date of injury. A progress note dated May 8, 2015 documents subjective findings (chronic back pain rated at a level of 2/10 with medications), objective findings (slight restriction in flexion and extension of the lumbar region and positive facet loading maneuvers; straight leg test remains positive on the left and negative on the right; deep tendon reflexes are reduced at the left Achilles), and current diagnoses (chronic back pain; lumbar disc disease; facet arthropathy; radiating symptoms down the left leg). Treatments to date have included medications, imaging studies, physical therapy that did not help, and lumbar epidural steroid injection. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included an updated magnetic resonance imaging 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 without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient's most recent MRI was approximately 9 years ago. The patient has documented worsening of subjective complaints as well as radicular findings on physical examination. Consideration is being given for diagnostic/therapeutic injections. A more recent MRI would be needed to consider performing epidural steroid injections or other diagnostic/therapeutic injections. As such, the currently requested a repeat lumbar MRI is medically necessary.