

Case Number:	CM15-0111940		
Date Assigned:	06/18/2015	Date of Injury:	04/27/2013
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 an industrial injury on 4/27/13. She reported neck pain, low back pain, bilateral knee pain, and right shoulder pain. The injured worker was diagnosed as having cervical strain, lumbosacral strain with disc bulging and spondylolisthesis, and status post right shoulder arthroscopy. Treatment to date has included physical therapy and medication including Norco, Soma, and Ibuprofen. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a 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 of the lumbar spine: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are cervical strain doing better; lumbar strain with this bouldering and spondylolisthesis; and status post right shoulder arthroscopy doing better. The injured worker had an MRI of the lumbar spine October 14, 2013. The request for authorization is April 24, 2015. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no progress note/clinical documentation from the requesting physician for a repeat MRI of the lumbar spine. As a result, there is no clinical indication/rationale from the requesting physician for the MRI. Subjectively, according to a different provider dated April 9, 2015, the injured worker has low back pain that radiates to the bilateral lower extremities. Objectively, the injured worker has tenderness to palpation of the lower back. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Consequently, absent compelling clinical documentation to repeat the MRI lumbar spine, no progress note/clinical documentation from the requesting provider and no clinical indication/rationale for the repeat MRI lumbar spine, MRI of the lumbar spine is not medically necessary.