

Case Number:	CM15-0113525		
Date Assigned:	06/19/2015	Date of Injury:	08/31/2012
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 60 year old male, who sustained an industrial injury on 8/31/2012, as the result of a motor vehicle accident. The injured worker was diagnosed as having lumbar sprain, lumbago, and L4-5 disc protrusion with foraminal narrowing and impingement. Treatment to date has included diagnostics, physical therapy, right shoulder surgery x2, lumbar epidural steroid injections (10/2014 and 2/2015), home exercise program, and medications. Currently, the injured worker complains of constant low back pain, rated 3-4/10, with radiation down the right leg to calf. Strength was 5/5 and sensation and reflexes were symmetric, without deficits noted. Tenderness to palpation of the lumbar paravertebrals and decreased range of motion were noted. His work status was total temporary disability. The treatment plan included magnetic resonance imaging of the lumbar spine, with flexion and extension, closed 1.5 Tesla magnet. Previous magnetic resonance imaging of the lumbar spine was referenced in 9/2014. The report was not submitted and a rationale for the updated magnetic resonance imaging was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine with flexion/ extension closed 1.5 tesla magnet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Lower back Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: The patient complains of constant pain in the lower back, rated at 3-4/10, radiating to right leg and calf, and has been diagnosed with lumbago, L4-5 disc protrusion with foraminal narrowing, right L4-5 impingement, and lumbosacral sprain/strain, as per progress report dated 05/20/15. The request is for ONE MRI OF THE LUMBAR SPINE WITH FLEXION/EXTENSION CLOSED 1.5 TESLA MAGNET. There is no RFA for this case, and the patient's date of injury is 08/31/12. As per progress report dated 05/06/15, the patient was diagnosed with AC joint arthrosis, adhesive capsulitis, and lumbar sprain/strain. The patient is status post right shoulder arthroscopic surgery and is off work, as per the same progress report. 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 & Thoracic (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. Regarding 'Standing MRIs', ODG guidelines in 'Lower Back' chapter state: "Not recommended over conventional MRIs... There is a lack of evidence in the published peer-reviewed scientific literature validating the accuracy, relevance or value of dynamic, standing or positional MRI in the diagnosis and treatment of patients with neck or back pain." The current request is noted in progress report dated 05/20/15. The patient has had an MRI of the lumbar spine in the past. As per QME report dated 02/16/15, "MRI 9/4/14 findings unknown possibly consistent with an L4-5 disc." The UR denial letter states that the MRI revealed multilevel moderate discogenic spondylosis, disc desiccation from L2-3 to L5-S1, L3-4 left posterolateral foraminal disc protrusion, L4-5 right foraminal disc protrusion, L4-5 nerve impingement, and L5-S1 posterior disc protrusion. The treater does not discuss the purpose of a repeat MRI. The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Additionally, Flexion/Extension MRIs require standing or sitting positioning. ODG guidelines do not recommend them over conventional MRIs due to "lack of evidence in the published peer-reviewed scientific literature validating the accuracy, relevance or value of dynamic, standing or positional MRI in the diagnosis and treatment of patients with neck or back pain." Hence, this request IS NOT medically necessary.