

Case Number:	CM15-0114130		
Date Assigned:	06/22/2015	Date of Injury:	08/06/2013
Decision Date:	09/04/2015	UR Denial Date:	05/12/2015
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, Hawaii

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 46 year old male patient who sustained an industrial injury on August 06, 2013. A recent primary treating office visit dated May 05, 2015 reported the patient with subjective complaint of having sharp lumbar spine pain which is noted as unchanged from last visit. There is note of needing to obtain updated magnetic resonance imaging study of lumbar spine for spine consultation. Treating diagnoses were: lumbar sprain; lumbosacral and thoracic radiculitis. The patient is temporarily totally disabled and is to return in 6 weeks. At a follow up on March 10, 2015 reported unchanged subjective, objective, and plan of care. Medications were: Tramadol, Flexeril. A primary treating office visit dated December 02, 2014 reported subjective complaint of persistent and increasing pain and stiffness of the low back radiating down both legs with parasthesia's. He is also with continued bowel and sexual dysfunction. The following diagnoses were applied: lumbar spine strain and sprain; disc bulge at L2-3 with an extrusion at L4-5; clinical lumbosacral radiculopathy, and status post previous lumbar spine surgery, not related to this incident. The plan of care noted referring the patient for a spine consultation. The patient is to remain temporarily totally disabled.

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 Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The attending physician report dated 5-2-15 indicates the patient continues to suffer from low back pain which is not getting better. The current request is for an MRI of the Lumbar Spine. The attending physician in his report dated 5-2-15, requests an MRI of the lumbar spine and then recommends a referral for spine consultation. According to the ODG, MRI is recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the attending physician report dated 5/2/15, page 13 (b), offers no detailed examination findings which would suggest the patient is suffering from radiculopathy which may warrant an MRI. There were no focal neurological deficits noted, including decreased sensation or muscle weakness in a dermatomal distribution. There is no evidence of decreased reflexes. There are no complaints noted of extremity symptoms. Furthermore, there is no history of recent trauma, suspicion of cancer, infection or other "red flags." As such, the request of an MRI of the lumbar spine is not medically necessary.