

Case Number:	CM15-0114192		
Date Assigned:	06/22/2015	Date of Injury:	10/20/2000
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
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:

This 52 year old man sustained an industrial injury on 10/20/2000. The mechanism of injury is not detailed. Diagnoses include disc displacement and lumbago. Treatment has included oral medications and activity modification. Physician notes dated 2/10/2015 show complaints of lumbar spine pain with radiation to the bilateral lower extremities. Recommendations include lumbar spine MRI and follow up in six weeks.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Low Back MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: This patient presents with complaints of lumbar spine pain with radiation to the bilateral lower extremities. The current request is for an MRI of the lumbar spine. The RFA is dated 05/11/15. Treatment has included oral medications, physical therapy and activity modification. The patient is working "self-restricted duties." For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of 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" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. The patient diagnoses are sciatica and lumbago. According to progress report 04/14/15, the patient reports persistent pain in the left lumbar spine that radiates distally towards the posterior aspect of his left knee and weakness in his extremities. He denies numbness and tingling. Examination revealed antalgic gait, loss of lumbar lordosis, pain with motion, spasms, decrease ROM and positive SLR on the left. X-ray of the lumbar spine from 09/04/14 revealed loss of lordosis and Joint space is well-maintained. MRI of the lumbar spine from 10/10/07 demonstrated annular tears at L4-5 and L5-S2, 4.0mm disc protrusion that abuts the thecal sac at L5-S1, L4-5 showed 5.0 mm disc protrusion and L3-4 showed 2.5mm disc protrusion. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. It appears the patient presents with chronic low back pain with neurological deficits, with no indication of neurologic progression. Therefore, the request IS NOT medically necessary.