

Case Number:	CM15-0117563		
Date Assigned:	06/25/2015	Date of Injury:	10/16/2009
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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 50-year-old female who sustained an industrial injury on 10/16/09. She had complaints of low back pain. Progress note dated 5/13/15 reports the pain in her low back is worsening, is stabbing and constant. The pain radiates to the right leg with numbness. Treatments to date include chiropractic adjustments, physical therapy and medications. She is not currently taking any pain medications. Diagnoses include chronic pain, lumbago and lumbosacral neuritis. Plan of care includes: she has been declared permanent and stationary, recommend MRI of the lumbosacral spine, electro diagnostic studies of the lower extremities and recommend Tramadol and Gabapentin. Follow up in 5-6 weeks.

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: 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, Lumbar & Thoracic (Acute & Chronic).

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 chronic pain NEC; lumbago; and lumbosacral neuritis NOS. The date of injury is October 16, 2009. The request authorization is dated May 18, 2015. According to a new patient provider evaluation dated May 13, 2015, the injured worker subjectively complains of low back pain that radiates to the right lower extremity. There is no documentation in the medical record the new treating provider (PR&R) received and/or reviewed old medical records. Symptoms have been present since the accident. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. There is no sensory defect in a dermatome of distribution. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. The injured workers injury is 5 1/2 years old. There is no documentation of prior lumbar MRI in the medical records available for review. Consequently, absent clinical documentation with unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation and red flags, MRI of the lumbar spine is not medically necessary.