

Case Number:	CM15-0118128		
Date Assigned:	06/26/2015	Date of Injury:	07/20/2010
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
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 29 year old female, who sustained an industrial injury on July 20, 2010, incurring low back injuries and left knee injuries after heavy lifting. She was diagnosed with lumbar disc disease, thoracic disc protrusion, lumbar radiculopathy, left knee sprain and left knee anterior cruciate ligament tear. Treatment included pain medications, anti-inflammatory drugs, physical therapy, knee bracing, home exercise program and work restrictions and modifications. In October, 2014, the injured worker underwent a lumbar laminectomy with micro discectomy. Currently, the injured worker complained of persistent lower back pain, muscle pain, muscle cramps and lower leg pain interfering with her activities of daily living. Upon examination, there was muscle and joint tenderness in the lower back. The treatment plan that was requested for authorization included Magnetic Resonance Imaging without contrast 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 without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back Chapter, MRI.

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 with contrast 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 status post right L4-L5 laminotomy with microdiscectomy October 3, 2014. Date of injury is July 20, 2010. The request for authorization is dated May 8, 2015. According to progress note dated May 6, 2015, the treating provider is requesting a repeat lumbar MRI with contrast. There is no hard copy of an MRI lumbar spine in the medical record. The results of the first MRI of the lumbar spine are not contained in the medical record progress note. There is no clinical rationale in the medical record to repeat MRI lumbar spine. The objective physical examination from the May 6, 2015 progress note does not contain any significant neurologic abnormalities. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Consequently, absent clinical documentation of the first lumbar MRI without contrast, hard copy and/or results of the first lumbar MRI without contrast, clinical objective unequivocal findings and identify specific nerve compromise on the neurologic examination, MRI of the lumbar spine with contrast is not medically necessary.