

Case Number:	CM15-0118246		
Date Assigned:	06/26/2015	Date of Injury:	03/26/2013
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 52-year-old female sustained an industrial injury to the low back on 3/26/13. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, water therapy and medications. In a new patient evaluation dated 5/29/15, the injured worker complained of increasing symptoms of pain across the back into the hip with significant right hip pain as well as radiation of pain into the legs. The injured worker reported that she felt as though her legs, especially the right leg, were getting weaker. The physician noted that magnetic resonance imaging lumbar spine (3/10/15) was very poor quality. It was difficult to get a good reading. It appeared to be disc desiccation at L5-S1 with possible disc protrusion. Physical exam was remarkable for paraspinal musculature spasms bilaterally with decreased bilateral patella deep tendon reflex, absent bilateral Achilles reflex and general weakness of the right lower extremity. The injured worker walked with an antalgic gait using a cane to ambulate. The injured worker was unable to lift up onto her toes. Current diagnoses included lumbar pain and lumbar radiculitis. The physician stated that he could not make any recommendations based on the poor quality of the magnetic resonance imaging. The physician recommended a redo magnetic resonance imaging of the lumbar spine and magnetic resonance imaging of the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single positional MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for 1 single positional MRI of lumbar spine is not medically necessary.