

Case Number:	CM15-0121107		
Date Assigned:	07/01/2015	Date of Injury:	06/20/2011
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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 51-year-old female, who sustained an industrial injury on June 20, 2011, incurring low back and knee injuries after a fall on stairs. She was diagnosed with lumbago, radiculitis, and chondromalacia. Magnetic Resonance Imaging of the lumbar spine revealed lumbar spondylolisthesis. Treatment included pain medications, muscle relaxants, acupuncture, epidural steroid injection, and physical therapy and work modifications. Currently, the injured worker complained of persistent lower back pain radiating to the right leg and increased with bending, prolonged sitting and prolonged standing. She rated her pain a 5/10 on a pain scale of 1 to 10. She complained of bilateral knee pain and difficulties with her activities of daily living. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

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 without 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 lumbago; radiculitis; and bilateral knee pain due to exacerbation chondromalacia. Date of injury is June 20, 2011. The injured worker sustained low back pain and knee pain. In 2013, the injured worker had a prior magnetic resonance imaging scan of the lumbar spine. MRI showed facet signal intensity at L4 - L5 compatible with spondylolisthesis. According to an initial provider encounter dated April 22, 2015, the injured worker has low back pain that radiated to the right posterior leg. Pain was 5/10. Objectively, there is tenderness to palpation and spasm of the low back with decreased range of motion (secondary to pain). The documentation indicates the treating provider wants to review all medical records and films. An MRI of the lumbar spine is premature until the complete medical record is reviewed. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation there was a significant change in symptoms and/or objective physical findings suggestive of significant pathology. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with a significant change in symptoms and/or objective physical findings, a complete and thorough review of prior medical records and unequivocal objective findings that identifies specific nerve compromise on the neurologic evaluation, MRI of the lumbar spine without contrast is not medically necessary.