

Case Number:	CM15-0122381		
Date Assigned:	07/06/2015	Date of Injury:	05/24/2012
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Preventive Medicine, Occupational 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 54 year old male who sustained an industrial injury on 5/24/12 involving his lower back. He currently complains of low back pain radiating down both lower extremities to the thighs and knees, mostly posteriorly. On physical exam there was diminished sensation in the S1 dermatome, the right ankle flexors are weak and ankle reflex is diminished; straight leg raise causes low back pain bilaterally. Diagnoses include lumbar spondylosis, stenosis and bilateral radicular pain; lumbosacral strain, disc injury, radiculopathy; myofascial pain syndrome. Treatments to date include one lumbar epidural injections; physical therapy; chiropractic treatments; acupuncture; brace; full functional restoration program. Medications are Motrin and Norco. Diagnostics include electromyography/ nerve conduction study (3/19/15) showing no evidence of radiculopathy; electrodiagnostic study (1/15/13) supported bilateral S1 radiculopathies; x-rays of the lumbar spine (no date) show disc degeneration and disc space narrowing; MRI of the lumbar spine (8/26/13) shows L5-S1 disc degeneration and a central disc protrusion, an L4-5 central disc protrusion and a left L3-4 herniated disc; computed tomography of the lumbar spine (2/1/13) showing disc space narrowing, degenerative disc disease. In the progress note dated 4/7/15 the treating provider's plan of care includes a request for MRI of the lumbar spine as previous study is outdated. His symptoms are attributed to pathology seen on x-rays and prior MRI and he has failed conservative treatments.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter/MRI (magnetic resonance imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case a previous MRI dated 8/26/13 revealed degenerative disc disease. There has been no change in the injured workers symptoms since the previous MRI and there is no indication that surgery is being considered. The request for MRI of the lumbar spine is determined to not be medically necessary.