

Case Number:	CM15-0122458		
Date Assigned:	07/06/2015	Date of Injury:	10/05/2011
Decision Date:	09/02/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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 York

Certification(s)/Specialty: Pediatrics, 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 35-year-old male, with a reported date of injury of 10/05/2011. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include L2-5 disc degeneration, L3-4 and L4-5 stenosis, chronic lumbosacral degenerative disc disease with right radiculitis and possible spinal stenosis, and lumbar spine sprain/strain. Treatments and evaluation to date have included lumbar epidural steroid injection on 06/20/2013, and oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 05/22/2015 which showed broad-based posterior central disc herniation at L2-3 and central disc herniation at L3-4, canal stenosis, mild narrowing of the caudal margin of the neural foramen bilaterally, disc bulge at L4-5 with mild canal stenosis; and a discogram from L2-5. The progress report dated 04/06/2015 indicates that the injured worker was advised to have an MRI of the lumbar spine by another specialist, since the previous MRI was old. The injured worker complained of significant pain in the lumbosacral spine, with radiation to the right lower extremity. The physical examination of the lumbar spine showed decreased range of motion, right sciatic notch tenderness, decreased sensation in the L4-5 dermatomes on the right leg, positive right straight leg raise test, and ongoing difficulty with the knee. The injured worker continued to be temporarily totally disabled. The treating physician requested an MRI 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 of the lumbar spine per 04/06/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303-304.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that "in the absence of red flags, imaging and other test are not usually helpful during the first four to six weeks of low back symptoms." There was documentation that the injured worker had an MRI of the lumbar spine in the past, and the specialist recommended a new MRI. "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 as an option." If physiologic evidence shows tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test (an MRI for neural or other soft tissue) to find a potential cause. The guidelines also indicate that "imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated." The request is for a repeat MRI. There was no documentation that the injured worker did not respond to treatment or considered surgery. Therefore, the request for an MRI of the low back is not medically necessary.