

Case Number:	CM15-0123140		
Date Assigned:	07/07/2015	Date of Injury:	12/21/1998
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 51 year old female patient, who reported an industrial injury on 12/21/1998. The diagnoses include thoracic/lumbosacral neuritis/radiculitis; lumbar disc protrusion; myalgia/myositis; chronic facet arthropathy; chronic pain due to trauma; chronic muscle spasms; chronic derangement of meniscus; coccydynia; and sacroiliitis. Per the progress notes dated 6/1/2015 she had complaints of moderate-severe, persistent, worsening mid-lower back pain, gluteal area pain, leg pain and thigh pain with radiation, burning, numbness, shooting/throbbing pain into the bilateral thigh, bilateral calf and left foot. She had pain at 10/10 without medications and at 8/10 with medications. The physical examination revealed tenderness and painful lumbar range of motion. The medications list includes fosamax, trazodone, ambien, lisinopril, effexor XR, cyclobenzaprine, enbrel, percocet, lidoderm patch, tramadol and soma. Her surgical history includes lumpectomy for breast cancer in 2004, gastrectomy in 2013, knee arthroscopy in 1999 and hysterectomy in 2004. She has had magnetic resonance imaging studies of the lumbar spine on 6/17/2013 which revealed disc protrusion at L4-5 with right sided neuroforaminal narrowing; lumbar spine X-ray dated 4/28/2015. She has had injection therapy; medication management; and rest from work. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the lumbar spine due to increased neurological symptoms and failure to control with conservative measures.

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 without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM low back guidelines "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)." Patient has had lumbar MRI on 6/17/2013 which was more than 2 years old. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Patient had worsening pain. Patient had significant pain at 10/10 without medications and 8/10 with medications. She has abnormal physical findings including tenderness and painful range of motion. She has tried conservative therapy including medications, injections. She has history of breast cancer. She had recent lumbar spine X-ray on 4/28/2015. Evaluation with lumbar spine MRI is medically appropriate and necessary in this patient with worsening pain. The request of MRI of the lumbar spine without contrast is medically appropriate and necessary for this patient.