

Case Number:	CM15-0124142		
Date Assigned:	07/08/2015	Date of Injury:	12/20/2011
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male sustained an industrial injury on 12/20/11. He subsequently reported low back pain. Diagnoses include lumbago and lumbosacral neuritis. Treatments to date include nerve conduction and MRI testing and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was antalgic gait. Tenderness was noted in the paraspinals. There was decreased lumbar range of motion due to pain. A request for 1 Magnetic Resonance Imagine (MRI) of lumbar spine as outpatient was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imagine (MRI) of lumbar spine as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Low Back Chapter, MRI.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. These guidelines further clarify that for repeat studies to be necessary, there should be a significant change in pathology. Within the documentation available for review, there is identification of objective findings that identify specific nerve compromise on the neurologic exam, as the patient has some reduced motor strength and decreased posterior calf sensation. Additionally, there is an EMG which identified lumbosacral radiculopathy. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Given the time frame, prior lumbar imaging has likely taken place, but there is no discussion of the results of prior studies and how this current request would alter management. Given this, the currently requested lumbar MRI is not medically necessary.