

Case Number:	CM15-0127418		
Date Assigned:	07/14/2015	Date of Injury:	01/17/2013
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 56 year old female with a January 17, 2013 date of injury. A progress note dated May 26, 2015 documents subjective complaints (lower back pain and pain in the sacroiliac regions; pain rated at a level of 10/10; pain radiates to the thighs and bilateral calves, right worse than left; symptoms are worsening; associated symptoms of abdominal pain, decreased spine range of motion, lower extremity tingling, lower extremity weakness, and sciatic pain), objective findings (gait is slow and a bit tentative in light of worsened back and leg pain; tenderness of the lumbar spine; decreased and slow tentative range of motion; slight weakness of dorsiflexion), and current diagnoses (lumbar disc disease with radiculopathy; lumbar pain with radiation down the right leg; severe lumbar pain). Treatments to date have included medications, physical therapy, multiple injections, and magnetic resonance imaging of the lumbar spine (May 23, 2014; showed lumbar spine disc herniations). The treating physician documented a plan of care that included a 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 (Magnetic Resonance Imaging) scan of the bilateral lumbar spine without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient has had an MRI of the lumbar spine in 2013 and another one in 2014. There is no clear evidence of significant change in the patient's signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.