

Case Number:	CM15-0170217		
Date Assigned:	09/10/2015	Date of Injury:	07/19/2012
Decision Date:	10/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 48 year old male who sustained an industrial injury on 07-19-2012. According to progress report dated 07-07-2015, the injured worker had chronic low back pain due to degenerative spondylosis of the lumbar spine. He had multiple disc herniations and multiple nerve root impingements at left L5, left L4, right L4, possible left L5 (severe neuroforaminal narrowing), left L3. He continued to have chronic pain with both nociceptive and affective components. He had not yet completed a course of behavioral medicine in the past. He had partial relief with his current analgesic medications. There was a handwritten note on the progress report that stated "needs MRI lumbar spine per Neurosurgeon". Current pain was rated 7. MRI results from 02-08-2013 were noted in the progress report. The injured worker had ongoing chronic radicular pain into both legs, left greater than right. He continued to be active as possible with severe limitations due to the chronic disabling radicular low back pain. Activities had been hampered dramatically due to the increased leg pain. He had moderate to severe degenerative spondylosis of the lumbar spine. He had increased pain and ongoing symptoms in both lower extremities, severe left sciatic nerve pain and may require decompressive surgery of the lumbar spine in the future. Objective findings included range of motion FFL 60 degrees extension 15 degrees, muscle spasm in lumbar paraspinals and gluteus muscles, guarding of the right lower extremity, deep tendon reflex right adductor magnus decreased (1+ compared 2- on the left, negative straight leg raise right leg (worse with dorsiflexion of the right foot). Current medications included Norco, Soma and Ibuprofen. Diagnoses included chronic low back pain-degenerative lumbar spondylosis and myofascial pain syndrome, pain disorder with

psychological-general medical condition and Insomnia-persistent due to chronic pain. The treatment plan included MRI of lumbar spine, continuation of current analgesic medications, follow up in 1-2 months, urine drug screen, behavioral medicine consultation, epidural injections, inversion table and TENS unit. An authorization request dated 07-16-2015 was submitted for review. The requested services included MRI of the lumbar spine. On 07-24-2015, Utilization Review non-certified the request for 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 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed continued neurological findings. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.