

Case Number:	CM15-0178167		
Date Assigned:	09/18/2015	Date of Injury:	05/07/2015
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 5-7-15. The injured worker has complaints of lumbar spine pain which varies with activity and is described as aching. There is radiation of pain to the legs and numbness and tingling in the legs and feet. Pain is aggravated with prolonged standing and sitting and is improved with medications and rest. The injured worker rates his lumbar spine pain at 9 to 10 out of 10. The injured worker reports that he developed pain in his left knee secondary to trying to take the weight off his low back. The documentation noted that the injured worker squats 50 percent of full with low back pain and he ambulates with stiff gait. There is diffuse lumbar paravertebral musculature tenderness with spasm; bilateral upper buttock tenderness and no sciatic notch, coccyx or sacroiliac joint tenderness. Supine straight leg raising is 60 degrees bilaterally. The diagnoses have included pain in thoracic spine; lumbago; degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Lumbar spine X-rays showed no compression fracture or listhesis multilevel diffuse slight degenerative osteoarthritis and sacroiliac joints, hips and coccyx are normal. Treatment to date has included back brace; home heat and ice as needed; topical analgesic ointment application as needed; stretch and strength home exercise program. The injured worker is not currently attending physical therapy and is currently taking any prescribed medications for his orthopedic complaints. The original utilization review (8-31-15) non-certified the request for magnetic resonance imaging (MRI) of the lumbar and thoracic spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The surgeon was concerned about a herniated nucleus pulposus but did not specify at which level there was clinical concern. The request was combined with the thoracic MRI for the same concern without clinical justification to do both. The request for an MRI of the lumbar spine is not medically necessary.

MRI of the Thoracic spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The surgeon was concerned about a herniated nucleus pulposus but did not specify at which level there was clinical concern. The request was combined with the lumbar MRI for the same concern without clinical justification to do both. The request for an MRI of the thoracic spine is not medically necessary.