

Case Number:	CM15-0179452		
Date Assigned:	09/28/2015	Date of Injury:	09/12/2012
Decision Date:	11/10/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 39 year old, male who sustained a work related injury on 9-12-12. The diagnoses have included lumbar spine herniated nucleus pulposus, low back pain and lower extremities radicular pain syndrome. He is being treated for low back pain. Treatments have included physical therapy, chiropractic treatments, shockwave treatments to lumbar spine, Localized Intense Neurostimulation Therapy and acupuncture. Current medications include medication solutions and medicated topical creams. In the progress notes dated 6-4-15, the injured worker reports burning, radicular low back pain and muscle spasms. He rates the pain level a 6-7 out of 10 which is consistent with levels in last few progress notes. Pain is "aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs and stooping." He states the symptoms persistent but the medications "do offer him temporary relief of pain and improve his ability to have restful sleep." On physical exam, he has +2 tenderness to palpation at the bilateral gluteus maximus and bilateral posterior superior iliac spine. He has bilateral lumbar paraspinal muscle guarding. The spinous processes L2-L5 are tender to palpation. He has decreased lumbar range of motion in all directions. He has positive straight leg raises with both legs. He has slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. Motor strength is 4 out of 5 in all leg muscle groups. He has had previous MRIs of the lumbar spine done on 6-26-13 and 1-11-14. He is working modified duty. The treatment plan includes awaiting EMG-NCV studies of legs, continuing with medications, continue with physical therapy, chiropractic treatments, acupuncture, shockwave treatments, Localized Intense Neurostimulation Therapy and to see pain management specialist. In the Utilization Review, dated 8-14-15, an MRI of the lumbar spine is not medically necessary.

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.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Low Back Chapter/ MRI's (magnetic resonance imaging).

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. According to ODG, repeat MRI is supported when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the medical records do not establish red flags or progressive neurologic deficit to support the requested imaging study. The request for MRI lumbar spine is not medically necessary and appropriate.