

Case Number:	CM15-0069193		
Date Assigned:	04/16/2015	Date of Injury:	09/27/2012
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, 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 51-year-old male who sustained an industrial injury on September 27, 2012. He has reported neck and back pain and has been diagnosed with cervical radiculitis and lumbar radiculitis. Treatment has included medical imaging, medications, chiropractic care, acupuncture, and physical therapy. Currently the injured worker had pain in the neck that radiated into the arms. Back pain radiated to the hip, leg, and knee. The treatment request included a MRI of the lumbar spine. The patient sustained the injury due to a MVA. The medication list includes Norco and Vicodin. The patient had an X-ray of the cervical spine that revealed osteophytes and an X-ray of the lumbar spine with normal findings. Per the doctor's note dated 2/5/15 and 3/13/15, patient had complaints of low back pain at 9/10 with radiation in left LE. The patient has had weakness in the left leg with occasional giving away. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and antalgic gait. The patient had an MRI of the lumbar spine on 7/31/2013, that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

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 Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 04/29/15) MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine. Per the ACOEM Low Back Guidelines cited below "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, computed tomography [CT] for bony structures)." ACOEM/MTUS Guideline does not address a repeat MRI. Hence, ODG is used. Per ODG Low Back Guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient had an MRI of the lumbar spine on 7/31/2013, that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. He has reported neck and back pain and has been diagnosed with cervical radiculitis and lumbar radiculitis. Currently the injured worker has back pain radiating to the hip, leg, and knee. The patient had an X-ray of the lumbar spine with normal findings. Per the doctor's note dated 2/5/15 and 3/13/15, patient had complaints of significant low back pain at 9/10 with radiation to the left lower extremity. The patient has had weakness in the left leg with occasional giving away. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR and antalgic gait. This is suggestive of possible significant neurocompression. Patient has been treated already with medications and physical therapy. The MRI of the lumbar spine is deemed medically necessary for this patient at this time.