

Case Number:	CM15-0072771		
Date Assigned:	04/23/2015	Date of Injury:	01/24/2003
Decision Date:	05/28/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 65 year old female who sustained a work related injury January 24, 2003. According to a physician's office visit dated February 12, 2015, the injured worker presented with lumbar sacral pain, 8-9/10, with bilateral lower extremity radicular pain and weakness. She also has left knee pain, 8/10 (pending orthopedic follow-up) and left ankle pain for two days with swelling and inability to weight bear. According to a checklist, her gait is antalgic, walks with difficulty favoring the right lower extremity, and using a walker for ambulation. Diagnoses included s/p left knee replacement, loose and possibly infected; lumbar spine sprain/strain, sciatica, rule out herniated disc; cervical spine sprain/strain left upper extremity radiculopathy; s/p right shoulder fracture, healed. Treatment plan included request for authorization of MRI lumbar spine, orthopedic consultation left knee, and medication.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on January 24, 2003. The medical records provided indicate the diagnosis of s/p left knee replacement, loose and possibly infected; lumbar spine sprain/strain, sciatica, rule out herniated disc; cervical spine sprain/strain left upper extremity radiculopathy; s/p right shoulder fracture, healed. The medical records provided for review do not indicate a medical necessity for MRI Lumbar Spine. The medical report indicate the injured worker had Lumbar MRI in 2012; the injured worker suffers from pain in several joints of the lower back and lower limb, all of which can exaggerate the low back problems. The medical records do not indicate the injured worker has had progressive worsening of neurological findings for the period submitted for review. The MTUS recommends that imaging studies be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated; because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. The Official Disability Guidelines recommends, "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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). Therefore is not medically necessary.