

Case Number:	CM15-0073060		
Date Assigned:	04/23/2015	Date of Injury:	01/17/2015
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female who sustained an industrial injury on 1/17/15. She has reported a neck and low back injury after slipping and falling. The diagnoses have included cervical spine disc bulge with right side radiculopathy, lumbar spine disc bulge with right side radiculopathy and history of pre-existing disc bulge at L5-S1 from 2011 injury. There were no specific treatments noted to date. The diagnostic testing that was performed included x-ray of right tibia/fibula. Currently, as per the physician progress note dated 3/4/15, the injured worker complains of neck pain with motion that radiates down the right upper extremity and back pain with motion. The physical exam of the lumbar spine revealed spasm in the right lower lumbar area, tenderness and Lasegue's test was positive on the right. The range of motion was decreased with extension and lateral bend bilaterally. The physician noted that the treatment plan was for physical therapy for the cervical and lumbar spine, Celebrex, Flexeril and Ultram medications, and Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. Work status was temporary total disability. The physician requested treatment included Magnetic Resonance Imaging (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 of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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 (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. In fact the progress note from March 2015 documents a normal sensory and motor examination of the lower extremities, and the absence of red flag symptoms or signs. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI, and this is important since there are treatment plans for continued conservative care with physical therapy. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.