

Case Number:	CM15-0074114		
Date Assigned:	04/24/2015	Date of Injury:	07/18/2012
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey

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 48 year old female, who sustained an industrial injury on 07/18/2012. According to a progress report dated 03/12/2015, the injured worker continued to experience an increase in low back pain that radiated down both legs. She reported that her legs felt heavy. Pain was rated 7 on a scale of 1-10. Activities had been limited because of the pain and she had increased anxiety per family. Medication regimen included Dilaudid, Gabapentin, Effexor, Trazodone and Levothyroxine. A lumbar epidural steroid injection performed on 01/05/2015 reduced her low back pain by 80 percent. Diagnoses included chronic low back, lumbar internal disc disruption at L5-S1 and lumbar radiculitis. The provider noted that a previous request for repeat lumbar spine MRI was denied. The provider recommended that she undergo a repeat lumbar spine MRI as she did not have a significant response from the last epidural steroid injection, and she was having an increase in pain, which was affecting her function and mood. Currently under review is the request for a 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 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case responded to a lumbar epidural injection, lasting about 5 weeks and reducing pain by a reported 80%. The provider indicated that this was not the expected response and wished to have another lumbar MRI to identify the reason why. However, there was no criteria met for this imaging, regardless of this intention. There were insufficient physical findings to suggest an urgent MRI was necessary, nor was there a new symptom reported which would expect a different image on MRI to warrant repeat it. Therefore, rather than repeat the MRI, which is not medically necessary, a review of the previous image might be more appropriate, considering the situation.