

Case Number:	CM15-0075683		
Date Assigned:	04/27/2015	Date of Injury:	02/10/2014
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 was a 37-year-old male, who sustained an industrial injury, February 10, 2014. The injured worker previously received the following treatments Tylenol as needed, bilateral L3 L4 and L5 medial branch block and core stretching. The injured worker was diagnosed with chronic pain syndrome, myofascial pain and lumbar spondylosis. According to progress note of March 3, 2015, the injured workers chief complaint was low back pain with no radiation of pain. The injured described the pain as moderate in severity. The injured worker reported no exacerbating factors for the pain. The physical exam noted tenderness left of the paraspinal and right paraspinal. There was bilateral muscle spasms palpated. There was tenderness in the lower lumbar facets. The straight leg raises were negative bilaterally. The treatment plan included a lumbar spine MRI without contrast, due to the lower lumbar facet tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, MRI.

Decision rationale: The patient was injured on 02/10/14 and presents with lumbar spine pain. The request is for MRI OF LUMBAR SPINE WITHOUT CONTRAST to see if surgery is an option. The utilization review denial rationale is that 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. The RFA is dated 03/17/15 and the patient is currently not working. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has a decreased range of motion of the lumbar spine, pain with lumbar spine range of motion, and there is tenderness to palpation over the lumbar paraspinals. He is diagnosed with lumbar spondylosis. The patient presents with pain that is localized to low back WITHOUT any radicular symptoms. The patient has not had any MRI's in the past but without any neurologic symptoms suggesting possible radiculopathy, no red flags, no prior X-rays raising any suspicions, an MRI would not be indicated. The request IS NOT medically necessary.