

Case Number:	CM15-0076367		
Date Assigned:	04/27/2015	Date of Injury:	09/25/2008
Decision Date:	05/27/2015	UR Denial Date:	04/16/2015
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old male, who sustained an industrial injury on 09/25/2008. He has reported injury to the neck, bilateral knees, and low back. The diagnoses have included cervical spondylosis without myelopathy; chondromalacia patella of the bilateral knees; tear of medial meniscus of the knees; and lumbar spondylosis without myelopathy. Treatment to date has included medications, diagnostics, and physical therapy. A progress note from the treating physician, dated 03/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of headaches; frequent moderate to severe pain in the cervical spine, lumbar spine, and right hip; occasional slight pain in the left elbow; and constant moderate to severe pain in the bilateral knees with right knee swelling. Objective findings included tenderness to the bilateral cervical and lumbar paraspinal muscles with +3 spasm; tenderness to the left lateral epicondyle; and tenderness to the bilateral knees with +3 spasm. The treatment plan has included the request for an MRI of the lumbar spine without contrast with 3D rendering of images.

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 without contrast with 3D rendering of images: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. Further, there is no description provided in the available medical record regarding pain of a neurological nature in/from the lower back. There is a notation stating that there are neurological symptoms and a statement regarding the need for a lower extremity EMG, but no description of symptoms or EMG results. As such, the request for MRI lumbar spine is deemed not medically necessary.