

Case Number:	CM15-0077332		
Date Assigned:	04/28/2015	Date of Injury:	10/08/2013
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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: Internal 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 53 year old female with an industrial injury dated 10/08/2013. Her diagnoses included status post multi-level cervical fusion, mid back pain and thoracic 10-11 foraminal disc herniation. Prior treatment included medications, surgery and diagnostics. She presents on 01/20/2015 with complaints of left sided mid back pain. She rates her pain as 5/10. Thoracic and lumbar spine was tender to palpation. Bilateral upper and lower extremity strength was normal. The treatment plan included MRI of the lumbar spine. Utilization review references a progress note dated 03/31/2015, which was not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI of the lumbar spine was requested 4/3/15. The date of injury was 10/8/13. The orthopedic report dated 1/20/15 documented mid back pain that radiates into the left lower extremity. Lumbar surgery times two was performed in 2006 or 2007. Physical examination of the lumbar spine demonstrated normal lordosis, left diffuse tenderness to palpation that was mild. No bony tenderness was noted. No spasm was noted. Straight leg raise test was negative bilaterally. Bilateral lower extremity motor strength was 5/5 with normal tone. No request of lumbar spine MRI was documented in the 1/20/15 orthopedic report. The 1/20/15 orthopedic report documented lumbar tenderness that was described as mild. No neurologic deficits were documented on physical examination. No new lumbar spine injuries were documented. The orthopedic progress report dated 2/26/15 focused on the left knee status post arthroscopy on 2/18/15. The lumbar spine was not addressed. Magnetic resonance imaging (MRI) of the lumbar spine dated 9/26/14 documented severe posterior facet arthropathy L4-5 with degenerative grade 1 spondylolisthesis; mild to moderate central stenosis and moderate right and mild left foraminal stenosis. MRI of the lumbar spine was requested 4/3/15. No progress reports from March 2015 or April 2015 were in the submitted medical records. The submitted medical records do not establish the medical necessity of a repeat lumbar spine MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.