

Case Number:	CM15-0079854		
Date Assigned:	04/30/2015	Date of Injury:	08/13/1992
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57 year old female, who sustained an industrial injury on 8/13/92. She reported initial complaints of back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified; lumbago; lumbar radiculopathy. Treatment to date has included medication. Diagnostics included x-rays lumbar spine 3/30/12. Currently, the PR-2 notes dated 3/24/15 indicated the injured worker reports a history of chronic mid and lower back pain left worse than right. She reports the pain is getting worse and requiring more Norco. On this date she reports the pain as 7/10 constant sharp/achy pain localized in her lower back that radiates constantly down her left leg with tingling down to her left ankles and getting worse. She states it rarely radiates down the right leg and when it does, it does not last long. She states ibuprofen and Tylenol help when she is having worsening pain. She notes without Norco per pain would be 10/10 and nonfunctional. When she takes the Norco her pain is 4/10, but on average 5/10. She reports flare-ups every couple of weeks usually after prolonged standing or lying. She has taken Norco since 10/2013 and tolerates it without any side effects. She also notes a back procedure done in the past that "killed the nerve" and it helped the radicular pain down her leg. She would like to have that again. X-rays dated 3/30/12 reveal multiple level degenerative disc disease and advanced disc degeneration at L4-5 level. The physical examination demonstrates tenderness to palpation over the lower paraspinal muscles bilaterally with bilateral straight leg raise negative. The provider is requesting 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 of Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 57 year old female has complained of low back pain since date of injury 8/13/92. She has been treated with physical therapy and medications. The current request is for MRI of the lumbar spine. The available medical records do not document any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the available medical documentation and per the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.