

Case Number:	CM15-0091288		
Date Assigned:	05/15/2015	Date of Injury:	03/04/1996
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old male, who sustained an industrial injury on 03/04/1996. He has reported injury to the low back. The diagnoses have included lumbar facet arthropathy L3-4 and L5-S1; lumbar foraminal stenosis on the right at L3-4; and status post L4-5 fusion. Treatment to date has included medications, diagnostics, injections, chiropractic, stretching exercises, and surgical intervention. Medications have included Oxycontin. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of midline lower back pain and tightness, with radiating pain and tightness to both iliac crests; right groin pain; back pain is rated as being 5/10 on the pain scale; pain is exacerbated by sitting, walking, and standing; and medications are 50% helpful with current symptoms. Objective findings included tenderness to deep palpation on the right at L3-4; tenderness over the greater trochanteric bursa bilaterally, right greater than left; and limited lumbar range of motion with flexion and extension. Motor strength is 5/5 in the bilateral lower extremities. Sensation is full in the bilateral lower extremities. The treatment plan has included the request for 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 the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS Guidelines and the ODG. MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation indicates that the patient had a lumbar MRI in 2010 and a CT scan in June 2014. The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The request for MRI of the lumbar spine is not medically necessary.