

Case Number:	CM15-0091933		
Date Assigned:	05/18/2015	Date of Injury:	12/16/2004
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who sustained an industrial injury on 12/16/2004. Current diagnoses include lumb/lumbosacral disc degeneration, lumbar disc displacement, and disorders of sacrum. Previous treatments included medication management. Previous diagnostic studies include MRI's of the lumbar spine in 2009 and 2011, and x-rays of the lumbar spine in 2009 and 2014. Report dated 04/29/2015 noted that the injured worker presented with complaints that included right lower extremity pain and numbness and tingling, and low back pain. Pain level was 5 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for numbness and weakness in the right L5-S1, straight leg raise and bowstring are positive on the right, unable to heel walk or toe walk on the right, positive lumbar tenderness, and decreased lumbar range of motion. The treatment plan included requests for MRI of the lumbar spine and refilled medications for pain and spasm. Disputed treatments include an MRI of the lumbar spine with or without GAD.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine with or without GAD: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (Magnetic Resonance Imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The injured worker had an MRI on December 16, 2014 that revealed a herniated nucleus pulposus. The injured workers symptoms have increased significantly since that MRI. The request for MRI of Lumbar Spine with or without GAD is medically necessary.