

Case Number:	CM15-0092377		
Date Assigned:	05/18/2015	Date of Injury:	06/08/2010
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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: Physical Medicine & Rehabilitation

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 6/08/2010. He reported hearing a "pop" in the low back with immediate low back pain and radiation into the lower extremities during heavy lifting activity. Diagnoses include multilevel lumbar disc herniation with stenosis, intermittent radiculopathy, lytic spondylolisthesis and depression. Treatments to date include NSAID, rest, home exercise and aquatic exercise. Currently, he complained of increasing low back pain. Pain was rated 7/10 VAS without medication and 6/10 VAS with medication. On 2/25/15, the physical examination documented tenderness in the lumbar musculature. The provider documented that the injured worker had not been evaluated for over one and a half years. In addition, updated images were necessary to guide further treatment. The plan of care included request to obtain an MRI of the lumbar spine. On 4/22/15, the injured worker was evaluated again with similar complaints and physical findings documented. The request again was for an 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Guidelines, Indications for Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs.

Decision rationale: The patient presents with lower back pain rated 7/10 without and 6/10 with medications. The request is for MRI OF THE LUMBAR SPINE. The request for authorization is dated 04/22/15. MRI of the lumbar spine, 12/27/10, shows a marked degree of central stenosis at L3-L4 level secondary to combination of hypertrophic changes at facet joints, hypertrophy of ligamentum flavum and 10mm broad-based posterior disk extrusion, a mild degree of central stenosis at L4-L5 level secondary to combination of hypertrophic changes at facet joints, hypertrophy of ligamentum flavum and 5mm of broad-based circumferential posterior disk bulge, and a spondylolysis of L5 with 4mm of anterolisthesis of L5 over S1. Physical examination of the lumbar spine reveals palpable tenderness of the paravertebral muscles, bilaterally. Pain with range of motion. The patient is currently participating in an aquatic therapy program. He continues to treat conservatively with the use of over the counter Aleve. Per progress report dated 04/22/15, the patient is permanent and stationary. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation)." Per progress report dated 02/25/15, treater's reason for the request is "Due to the patient's increasing complaints of lower back pain which has not responded to time, rest, conservative care and home exercise program." Per progress report dated 04/22/15, treater's states "An MRI scan of the lumbar spine is a useful tool in evaluating disc and facet joints and active arthropathy." For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.