

Case Number:	CM15-0094768		
Date Assigned:	05/20/2015	Date of Injury:	01/30/2000
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 58 year old female, who sustained an industrial injury on 1/30/2000. Diagnoses have included lumbar degenerative disc disease, lumbar facet syndrome and lumbar spondylosis without myelopathy. Treatment to date has included lumbar and cervical facet injections, physical therapy and medication. According to the progress report dated 3/27/2015, the injured worker complained of increasing pain in her left hip. It was noted that magnetic resonance imaging (MRI) of the left hip from 12/9/2014 showed mild degenerative changes. She also complained of increased pain in her lower back. She stated that back pain was separate from hip pain. The injured worker underwent a lumbar facet joint injection on 6/12/2014 with at least 60 percent benefit lasting close to five months. She complained of neck pain, right knee pain and right shoulder pain. The injured worker had an obvious stiff, antalgic gait, favoring the right lower extremity. There was notable tenderness in the right low lumbar musculature. There was decreased lumbar range of motion. Tenderness and trigger points were noted in the right posterior lumbar musculature. Lumbar spine magnetic resonance imaging (MRI) from 3/7/2014 showed facet hypertrophy. Authorization was requested for magnetic resonance imaging (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 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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 and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. In this case, the patient's lumbar MRI dated March 7, 2014 showed facet hypertrophy. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.