

Case Number:	CM15-0096508		
Date Assigned:	05/26/2015	Date of Injury:	02/24/2015
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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: Internal 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 38 year old male who sustained a work related injury February 24, 2015. While on a ladder, he lost his balance and fell onto his back on the floor. He complained of upper back and neck pain. He received six sessions of physical therapy, medication, and x-rays. According to a physician's initial evaluation and report, dated March 26, 2015, the injured worker complained of cervical spine, thoracic spine, lumbar spine, front chest, bilateral calves and bilateral foot pain. He had a previous work injury to the lower back in late 2012. Diagnostic impressions included lumbar disc displacement without myelopathy; sciatica; cervical disc herniation without myelopathy; thoracic sprain/strain; rib sprain/strain; bilateral ankle sprain/strain. Treatment plan included physical therapy, medication, and at issue, a request for authorization for an MRI, 3D, of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Three-dimensional MRI (3D).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Official Disability Guidelines (ODG) indicates that three-dimensional MRI (3D) is not recommended as a separate procedure. The initial evaluation report dated 3/26/15 noted that there were no diagnostic tests available for review. Lumbar spine spasm and tenderness was noted. Lumbar spine range of motion was decreased. Skin sensory (dermatomal) testing demonstrated lumbar dermatomes were equal bilaterally to light touch. Muscle Testing (myotomal) demonstrated lumbar myotomes were within normal limits bilaterally. Regarding diagnostic imaging and testing, there were no past diagnostic tests available for review. According to the physician's report, a prior MRI of lumbar spine was performed, but the date and the report were not documented. The results of past X-rays were not documented. There were no past diagnostic tests available for review, according to the 3/26/15 physician's report. MRI 3D of the lumbar spine was requested. The rationale for three dimensional 3D rendering was not presented. The inadequacy of standard two-dimensional 2D rendering was not discussed. Past diagnostic tests were not reviewed. Because past X-ray plain film radiographs and MRI were not available for review at the initial evaluation of the patient on 3/26/15, the request for a repeat MRI of the lumbar spine is not supported. Therefore, the request for a 3D MRI of the lumbar spine is not medically necessary.