MAXIMUS Federal Services

Case Number:	CM15-0096885		
Date Assigned:	05/27/2015	Date of Injury:	10/02/2012
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
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: 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 64-year-old female, with a reported date of injury of 10/02/2012. The diagnoses include chronic lumbosacral strain, L2-L5 degenerative disc disease, right more than the left radiculitis. Treatments to date have included heat, exercise program, and an MRI of the lumbar spine on 01/02/2013. The results of the previous MRI of the lumbar spine were not included in the medical records. The progress report/follow-up orthopedic visit dated 04/15/2015 indicates that the injured worker had low back pain, rated 8 out of 10. She has had more pain since 12/15/2014. It was noted that the injured worker had continued with heat and exercise; however, the pain did not go away. She was unable to do household activities. An examination of the lumbosacral spine showed tenderness in the lumbosacral region, spasms on the right side, more than the left and decreased range of motion. The treating physician requested an MRI of the lumbar spine without contrast for repeat.

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 without contrast, per 04/15/15 order: 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 based on Non-MTUS Citation Official disability guidelines low back chapter MRI topic.

Decision rationale: The patient presents on 04/15/15 with lower back pain rated 8/10, right greater than left. The patient's date of injury is 10/02/12. Patient has no documented surgical history directed at this complaint. The request is for MRI of the lumbar spine without contrast per 04/15/15 order. The RFA is dated 04/15/15. Physical examination dated 04/15/15 reveals tenderness to palpation of the lumbosacral region, with spasms noted bilaterally, right greater than left. Lumbar range of motion is noted to be 50 percent reduced on flexion/extension, 25 percent reduced on rotation. No other physical findings are included. The patient is currently prescribed Tramadol and Flexeril. Diagnostic imaging was not included, though this patient did have a lumbar MRI performed on 01/02/13. Patient is currently retired. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or 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" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the repeat lumbar MRI, the requesting provider has not included documentation of severe progressive neurological deficit to warrant repeat imaging. This patient underwent MRI imaging on 01/02/13; however, the report was not made available for review. Progress note dated 04/15/15 includes complaints of lower back pain following a recent flare up on 12/25/14, though the physical examination does not reveal any significant neurological deficit, such as decreased sensation along a specific dermatomal distribution. ACOEM and ODG require documentation of progressive neurological deficit or examination "red-flags" indicative of nerve compromise to substantiate repeat imaging, no such findings are included. Therefore, the request is not medically necessary.