

Case Number:	CM15-0098293		
Date Assigned:	06/03/2015	Date of Injury:	02/25/2009
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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, Indiana, New York
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 78 year old female who sustained an industrial injury on 02/25/2009. Current diagnosis includes lumbar radiculopathy. Previous treatments included medications, ice/heat, ESTIM, and home exercise. Previous diagnostic studies include an EMG. Report dated 04/24/2015 noted that the injured worker presented with complaints that included increasing, burning lumbar pain with radiation down the left lower extremity, and increasing left leg pain at the end of the work day. Pain level was 10 out of 10 on a visual analog scale (VAS). Physical examination was positive for mild antalgic gait, tenderness to palpation in the lumbar spine, decreased range of motion, decreased heel/toe gait, and decreased strength. The treatment plan included requests for Neurontin and an MRI of the lumbar spine due to increasing symptoms of nerve compression, continue ice, heat, ESTIM, walk daily, anti-inflammatory, and follow up with primary medical doctor for cataracts and safety regarding driving. Disputed treatments include a 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 Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnosis is lumbar radiculopathy. According to a November 20, 2014 initial provider report, the injured worker sustained a back injury. An MRI was performed that showed a chipped bone. There was no neurological evaluation in the medical record. A March 25, 2015 handwritten illegible progress note contains the first request for an MRI of the lumbar spine. According to April 24, 2015 progress note, subjectively the injured worker has burning pain from the lumbosacral spine radiating down the left lower extremity. Objectively, the injured worker has a mild antalgic gait favoring the left lower extremity, tenderness to palpation. There is no neurologic evaluation in the medical record. An EMG of the lumbar spine was performed. EMG showed early demyelinating sensorimotor generalized peripheral neuropathy. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. As noted above, the injured worker had an MRI of the lumbar November 20, 2014. There are no significant changes in clinical symptoms and/or objective findings suggestive of significant pathology to warrant a repeat MRI lumbar spine. There were no red flags noted. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Consequently, absent compelling clinical documentation with the changing clinical symptoms and were objective findings suggestive of significant pathology to warrant a repeat MRI lumbar spine, red flags and unequivocal objective evidence identifying specific nerve compromise, MRI of the lumbar spine is not medically necessary.