

Case Number:	CM15-0099187		
Date Assigned:	06/01/2015	Date of Injury:	06/12/2012
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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, Pain Management

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(n) 24 year old female, who sustained an industrial injury on 6/12/12. She reported pain in her lower back related to tripping over an object. The injured worker was diagnosed as having L5-S1 disc protrusion with radiculopathy and lumbar degenerative disc disease. Treatment to date has included epidural injections most recent on 6/23/14, a lumbosacral MRI on 1/13/14 showing no abnormalities, chiropractic treatments that were not helpful and Norco. As of the PR2 dated 4/28/15, the injured worker reports continued back pain that radiates to the left lower extremity. She rates her baseline pain a 4/10 and an 8/10 with activity. Objective findings include pain with range of motion, tenderness to palpation from L3 to the sacrum bilaterally and a positive straight leg raise test. The treating physician requested a repeat lumbar MRI. A progress report dated April 28, 2015 states that the most recent MRI was in October 2013. Due to a change in the patient's symptoms and increased pain, a current MRI should be ordered prior to injection procedures. The physical examination revealed decreased pinprick in the lateral aspect of the left calf as well as positive straight leg raise with pain radiating into the lower extremity. A progress report dated November 2014 identifies similar physical examination findings. A lumbar epidural injection was performed on January 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, it appears the patient's physical examination findings have been consistent since at least November 2014. Therefore, it is unclear what physical examination findings have changed since the time of the most recent MRI to support repeat imaging. Furthermore, the requesting physician states that repeat imaging is needed to consider an injection, but a previous epidural injection was performed based off old imaging, and it is unclear why new imaging would be required in order to repeat the injection. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.