

Case Number:	CM13-0047494		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2000
Decision Date:	03/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 67-year old man who worked as a Correctional Officer for the [REDACTED]. On July 21, 2000, he was assaulted at work, resulting in a back injury. Due to persistent symptoms, the patient underwent surgery in 2001 and had an L3-4/L5 microdiscectomy/foraminotomy/posterior lumbar interbody fusion (PLIF). He is currently under the care of a pain specialist, [REDACTED], for chronic pain and diagnoses of Failed Back Syndrome, lumbar disc degeneration, lumbar radiculopathy, gait dysfunction, and long-term medication use. The patient also is being seen by a chiropractor, [REDACTED]. The patient has chronic pain that is stable on a regimen of Norco, Daypro, Prilosec and Docuprene. On August 19, 2013, [REDACTED] saw this patient in follow-up and noted a flare of symptoms. Though there was an increase in symptoms (8-9/10), there were no new neurologic symptoms and no changes on examination. Diagnoses were the same. [REDACTED] saw the patient a few days later on August 23, 2013, and noted a flare-up of radiculitis. That said, the patient continued to be able to ambulate with a walker without problems, had functional improvement with medications, no new neurologic symptoms and no significant changes on exam. Meds are refilled, but no changes in the medication regimen are noted. The MRI was requested on August 23, 2013. The September 20, 2013 report from [REDACTED] notes that pain is now 10/10. Subsequent follow-up does note fluctuating symptoms, but stable function on meds, no exam changes, and does not have any change in treatment regimen. The September 23, 2013 follow-up with [REDACTED] states that there are no new complains and that the pain remains the same. The October 28, 2013 follow-up with [REDACTED] notes that the pain has improved and is down to a 7/10. He is doing exercises and is functional with a walker. This was reviewed in Utilization Review on November 01, 2013 by [REDACTED], and the imaging study was not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

weight bearing lumbar MRI with and without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-56, 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Standing MRI (Weight Bearing MRI)

Decision rationale: The ACOEM Guidelines do note that the study of choice in patients with prior back surgery is an MRI. As the ACOEM 2nd Edition does not discuss weight-bearing MRI, consider the 2nd revised edition recommendation that is corroborated by the ODG. They state that a weight-bearing MRI is not indicated for any back or radicular pain syndrome, as there is no evidence that it provides any advantage over a conventional MRI and is considered experimental/investigational. For repeat studies, there should be a clinically significant change, as can be seen in new neurologic symptoms, progression of a neurologic finding/impairment, or red flags. In this case, the patient is noted to have fluctuating symptoms; however, his function, examination and treatment regimen have all remained stable. Most recent reports show that subjective symptoms have now decreased. The current request for an MRI is not supported by the clinical presentation for this chronic pain patient, and the additional request for this to be a weight-bearing study is not recommended by guidelines at all. As such, the current request for a weight-bearing lumbar MRI with and without contrast is not medically necessary.