

Case Number:	CM14-0103584		
Date Assigned:	07/30/2014	Date of Injury:	07/28/2003
Decision Date:	11/05/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 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/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:

The injured worker is a 46-year-old male who reported an injury on 07/28/2003. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included status post L5-S1 laminectomy with disc extrusion, bilateral L1 through S1 facet joint syndrome, bilateral sacroiliac joint sprain and dysfunction, and lumbar spine radiculopathy clinically. His past treatments included surgery, medications, and acupuncture. His diagnostic exams were not clearly indicated in the clinical notes. His surgical history included a laminectomy of the L5-S1 with disc extrusion on 08/17/2013. On 06/03/2014 the injured worker complained of increased pain and difficulty completing activities of daily living, including walking. He reported that his pain was 4/10 with medication, and 7-8/10 without medications. The injured worker indicated that walking for prolonged periods, even with the medication, caused increased pain. Additionally, it was reported that the injured worker continued to suffer from surgical effects. The physical examination revealed that there was decreased range of motion of the lumbar spine. The range of motion values included 45 degrees of forward flexion, 0 degrees of extension, 10 degrees of left lateral bending, and 10 degrees of right lateral bending. The range of motion in all planes of the lumbar spine produced pain and spasms. The injured worker's medications included ibuprofen 800 mg and tizanidine 4 mg. A request was received for an MRI of the lumbar spine with and without contrast. The rationale for the request is to update findings with the disc material, nerve root material, and spinal canal material. The Request for Authorization form was not submitted.

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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (03/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Radiography

Decision rationale: The request for an MRI of the lumbar spine with and without contrast is not medically necessary. The Official Disability Guidelines recommend magnetic resonance imaging as the test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, it is not recommended until after at least 1 month of conservative therapy. Repeat MRIs are not routinely recommended, and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The indications for use for MRIs include lumbar spine trauma, neurologic deficits, uncomplicated low back pain with prior lumbar surgery, and uncomplicated low back pain with radiculopathy at least 1 month of conservative treatment. Based on the clinical notes, the injured worker had complaints of increased pain and continued difficulty performing activities of daily living. The injured worker reported that he continued to suffer from surgical effects as a result of back injury. The clinical notes also indicated that the injured worker had decreased range of motion. There were no signs or symptoms of neurological deficits. The injured worker did have a diagnosis of lumbar spine radiculopathy clinically, but this was not corroborated by electro diagnostic studies. He was status post laminectomy on 08/17/2013. This would be supported by the guidelines as an uncomplicated low back pain with prior lumbar surgery. However, based on the clinical notes, there are no significant signs of changes in symptoms or findings suggestive of significant pathology such as tumor, infection, fracture, neural compression, or recurrent disc herniation's. A repeat MRI is not routinely recommended unless there are signs and symptoms of significant change. Although the injured worker had complaints of discomfort and pain, the clinical notes did not indicate that he underwent any conservative therapy after his laminectomy on 08/17/2013. Therefore, due to a lack of documentation indicating that the injured worker underwent conservative therapy after his laminectomy on 08/17/2013 and lack of indication that the injured worker has experienced significant changes in symptoms or findings, the request is not supported. The request for an MRI of the lumbar spine with and without contrast is not medically necessary.