

Case Number:	CM14-0136478		
Date Assigned:	09/03/2014	Date of Injury:	02/20/2005
Decision Date:	10/02/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine 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 patient is a 45-year-old male who has submitted a claim for lumbar/lumbosacral spondylosis, spinal stenosis, and post laminectomy syndrome associated with an industrial injury date of 02/20/2005. Medical records from 01/06/2014 to 08/06/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down bilateral posterior thighs, calves, and plantar feet. Physical examination revealed tenderness of midline lumbar spine, decreased lumbar ROM, weakness of left knee flexor, hypesthesia of left lower extremity except left posterior thigh, and positive SLR test at 50 degrees on the left. MRI of the left lumbar spine dated 01/19/2012 revealed status post laminectomy with anterior and posterior fusion at L4-5 and posterolateral fusion at L3-4 and L5-S1, degenerative disc disease at L2-3 and L3-4, grade 1 anterolisthesis of L4 on L5, moderate to severe central canal stenosis at L2-3 and L3-4, mild to moderate bilateral neural foraminal narrowing at L4-5 with no definite compression of exiting L4 nerve roots, and intraosseous hemangioma involving L1 vertebral body. Treatment to date has included L5-S1 TLIF (01/24/2006), L4-5 and L5-S1 fusion revision (11/06/2007), bilateral L2-3 transforaminal ESI (06/06/2014), physical therapy, and pain medications. Of note, there was no documentation of functional outcome from transforaminal ESI, physical therapy, and pain medications. Utilization review dated 08/11/2014 denied the request for MRI lumbar because there was no documentation of any clear, objective clinical status change that would require a repeat diagnostic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Low Back Disorders; section on Magnetic Resonance Imaging

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, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain radiating down posterior thighs, calves and plantar feet. Physical findings include weakness of left knee flexor, hypesthesia of left lower extremity except left posterior thigh, and positive SLR test at 50 degrees on the left. The patient's clinical findings were not consistent with a focal neurologic deficit to indicate radiculopathy. MRI of the left lumbar spine was done on 01/19/2012 with no evidence of neural compromise. Hence, there are no unequivocal objective findings that identify specific nerve compromise to support MRI. There was no documentation of conservative therapy failure as well. Furthermore, a previous MRI was already done (01/19/2012). It is unclear as to why a repeat MRI is needed. Therefore, the request for Lumbar MRI is not medically necessary.