

Case Number:	CM14-0168785		
Date Assigned:	10/16/2014	Date of Injury:	10/27/2008
Decision Date:	11/24/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 48-year-old male with a date of injury of 10/27/2008. The listed diagnosis per [REDACTED] is status post lumbar revision surgery. This patient is status post microdiscectomy on 12/08/2012 and status post revision surgery on 01/31/2014. According to progress report 08/18/2014, the patient continues to complain of constant low back pain with bilateral numbness and tingling. Strength is noted as 5/5 bilaterally. Progress report 09/17/2014 indicates the patient has constant low back pain rated as 8/10 with radiation into the middle back and down to the bilateral legs with numbness. Examination revealed decreased range of motion. There is an x-ray of the lumbar spine from 04/28/2014 which revealed "posterior interbody fusion, L4 to L5. The remaining lumbar vertebral bodies and intervertebral disk spaces are demonstrated normally." The treater is requesting an MRI of the lumbar spine. Utilization review denied the request on 10/02/2014. Treatment reports from 04/14/2014 through 09/29/2014 were reviewed.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremity. The patient is status post revision low back surgery from January of 2014. The treater is requesting an MRI of the lumbar spine. Utilization review denied the request stating that there is a lack of documentation showing evidence that "identifies specific nerve compromise on a neurological examination to indicate medical necessity of an MRI." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition with radicular symptoms, ODG guidelines provide a good discussion. ODG under its Low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The patient has not has an MRI following his re-vision lumbar surgery in January of 2014. In this case, MRI may be reasonable for post-operative evaluation. Given the treater's concern for the patient's persistent pain and radicular symptoms, recommendation is for approval.