

Case Number:	CM14-0172491		
Date Assigned:	10/23/2014	Date of Injury:	11/16/2001
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 (IW) is a 60-year-old woman with a date of injury of November 16, 2001. The mechanism of injury was not documented in the medical record. The IW is status-post L-S1 decompression and fusion in 2007. She recently had L2-L3 and L3-L4 left-sided laminectomy and foraminotomy in October of 2013. The IW has had 2 previous lumbar spine MRIs. The first MRI was December 20, 2013, and the second dated July 15, 2014. Findings of the lumbar MRI dated July 15, 2014 include: Multilevel advanced degenerative changes as well as post-surgical changes identified. Given technique variation, there does not appear to be significant change when compared to earlier examination of 12/20/13. Pursuant to the progress note dated September 10, 2014, the IW presents with complaints of neck pain. Physical examination revealed palpable lumbosacral tenderness across the lower back, more on the left side compared to the right. Lumbar flexion is with mild restrictions, but extension is minimal due to low back pain. The IW is diagnosed with chronic left low back pain and leg pain consistent with S1 radiculitis. Current medications include Cymbalta, and Norco. The provider is requesting a 3rd MRI of the lumbar spine to assess for epidural fibrosis before proceeding with a stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the 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 (ODG), Low Back Chapter

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, repeat MRI evaluation of the lumbar spine is not medically necessary. The guidelines set the indications for magnetic resonance imaging. They include, but are not limited to, lumbar spine trauma, neurologic deficit, suspicion of cancer infection or other red flags, radiculopathy, prior lumbar surgery. Indiscriminate imaging will result in false positive findings, such as disk bulges that are not the source of painful symptoms and do not warrant surgery. In this case, the injured worker had an MRI of the lumbar spine in December 20, 2013. The injured worker underwent a repeat MRI July 15, 2014. The results showed no significant changes compared to the earlier study (12/2013). The earlier study showed multilevel advanced degenerative changes. Postsurgical changes were present. The treating physician requested a repeat MRI (third study) with contrast to further assess for epidural fibrosis. The MRI scan from July 15, 2014 did not show any pathology requiring a repeat MRI within eight weeks. There were no additional new symptoms present or new neurologic deficits present warranting repeat MRI. Consequently, MRI evaluation of the lumbar spine is not medically necessary.