

Case Number:	CM14-0172622		
Date Assigned:	10/23/2014	Date of Injury:	02/13/2003
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

This patient sustained an injury on 2/13/2003 while employed by [REDACTED]. Request(s) under consideration include MRI without contrast Lumbar Spine. Diagnoses include chronic pain syndrome; lumbago; sciatica; postlaminectomy syndrome of lumbar region s/p fusion. Report of 1/3/14 from the provider noted chronic low back and left leg symptoms radiating to lateral calf and dorsal lateral foot. The patient had MRI of lumbar spine on 12/9/13. Exam showed midline lumbar scar; reduced lumbar range in flexion/extension of 25/5 degrees; positive SLR (straight leg raise) with paresthesias on left; DTRs (deep tendon reflexes) 2+ with diffuse decreased sensation in lower extremity in posterior calf on left with some weakness on left plantar flexion. Treatment included discontinuing Norco and prescribing Oxycodone with PT; the patient remained off work. No mention of MRI results. Report of 8/28/14 noted chronic low back and lower extremity pain worse on left. Exam showed well-healed scar; tenderness at lumbosacral junction, negative SLR; motor strength of 5/5 bilateral with slightly diminished sensation to light touch in left lateral aspect with gait and station normal. Diagnosed was lumbar spinal stenosis without neurological claudication. Treatment was for new MRI to plan for L405 decompression since last was done 9 months ago. The request(s) for MRI without contrast Lumbar Spine was non-certified on 9/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: This patient sustained an injury on 2/13/2003 while employed by [REDACTED]. Request(s) under consideration include MRI without contrast Lumbar Spine. Diagnoses include chronic pain syndrome; lumbago; sciatica; postlaminectomy syndrome of lumbar region s/p fusion. Report of 1/3/14 from the provider noted chronic low back and left leg symptoms radiating to lateral calf and dorsal lateral foot. The patient had MRI of lumbar spine on 12/9/13. Exam showed midline lumbar scar; reduced lumbar range in flex/ext of 25/5 degrees; positive SLR with paresthesias on left; DTRs 2+ with diffuse decreased sensation in lower extremity in posterior calf on left with some weakness on left plantar flexion. Treatment included discontinuing Norco and prescribing Oxycodone with PT; the patient remained off work. No mention of MRI results. Report of 8/28/14 noted chronic low back and lower extremity pain worse on left. Exam showed well-healed scar; tenderness at lumbosacral junction, negative SLR; motor strength of 5/5 bilateral with slightly diminished sensation to light touch in left lateral aspect with gait and station normal. Diagnosed was lumbar spinal stenosis without neurological claudication. Treatment was for new MRI to plan for L405 decompression since last was done 9 months ago. The request(s) for MRI without contrast Lumbar Spine was non-certified on 9/18/14. Review indicated MRI of lumbar spine on 12/9/13 in comparison to 10/27/03 showed diffuse disc protrusion with spinal stenosis and left lateral recess narrowing at L5; no evidence of disc herniation, spondylolisthesis or facet disease noted. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine recently done without progression or documented specific changed clinical findings or neurological deficits of red-flag conditions to support repeating this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast Lumbar Spine is not medically necessary and appropriate.