

Case Number:	CM14-0177968		
Date Assigned:	10/31/2014	Date of Injury:	12/02/2004
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 64-year-old woman with a date of injury of December 2, 2004. The mechanism of injury was not documented in the medical record. Pursuant to the progress reports dated July 1, 2014, the IW complained of low back pain and right gluteal pain. The IW reported that the sacroiliac injection relieved the gluteal pain almost completely. The pain was rated as 7/1- with medications and 10+/10 without medications. Lumbar examination documented decreased range of motion (ROM) with flexion and extension. There was tenderness of the bilateral paraspinal muscles. The treatment plan included medications, transcutaneous electrical neurostimulator (TENS), and follow-up. The IW has an evaluation dated September 2, 2014 which documented that the physical examination was consistent with L4 distribution. Straight leg raise was positive at about 45-60 degrees on the right. It appeared that the IW might have some instability of the lumbar spine. According to the note dated September 18, 2014, the IW complained of increasing right radicular pain since about June of 2014 after a fall. The IW collapsed because of excruciating back pain and weakness. The IW was diagnosed with sacroiliitis, post-laminectomy syndrome lumbar, and neuropathy. Current medications include Celebrex, Hydrocodone-APAP, Tizanidine, and Polyethylene Glycol. The provider is recommending an MRI of the lumbar spine with and without gadolinium to see if there is a new herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with and without gadolinium: 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 (updated 08/22/14)

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine with and without gadolinium (contrast) is not medically necessary. The guidelines enumerated the indications for magnetic resonance imaging. The indications include, but are not limited to lumbar spine trauma, neurologic deficit; uncomplicated low back pain, with red flag; and uncomplicated low back pain with radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the MRI of the lumbar spine with or without gadolinium was requested September 26, 2014. The latest progress note in the medical record contains a progress note dated April 24, 2014 with a diagnosis of lumbosacral spondylosis and sacroiliitis. A later progress note indicating the rationale for the MRI with and without contrast was not in the medical records for review. Consequently, there was no explanation or rationale as to the indication for magnetic resonance imaging scan with and without contrast. Based on the records reviewed there were no red flags or progressive neurologic deficit noted in the medical record. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, MRI evaluation of the lumbar spine with and without gadolinium is not medically necessary.