

Case Number:	CM14-0042437		
Date Assigned:	07/07/2014	Date of Injury:	10/13/1997
Decision Date:	09/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Family 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:

This is a 54-year-old male who reported an industrial injury to the back on 10/13/1997, almost 17 years ago, attributed to the performance of his customary job tasks. The patient has been treated for chronic low back pain; post laminectomy syndrome, Lumbar spine DDD. The patient was noted to complain of low back and right knee pain. The patient was treated by pain management for ongoing symptoms and is reported to have been stable on the current medication regimen. It was noted that the patient had not had an imaging study in a "few years." The patient reported that the pain and muscle tension in the back is increasing and moving towards the mid back. The objective findings on examination included tenderness to palpation of the lumbar facets on bilateral L3-S1; pain over the lumbar inter-vertebral spaces on palpation; noted trigger points; pain with lumbar extensions; bilateral lateral flexion creates pain. The treatment plan included an updated MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI W/O Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Workers Compensation (TWC) Low Back to the Guidelines.

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 chapter, MRI lumbar spine.

Decision rationale: The request for the authorization of a repeated MRI of the lumbar spine for the diagnosis of lumbar spine pain status post laminectomy was not supported with objective evidence on examination by the treating physician as there were no neurological deficits documented and no red flags documented for the reported pain to the back which did not radiate to the lower extremities. The patient was ordered a MRI of the lumbar spine as a screening study based on not having a MRI of the lumbar spine in a "few years." There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. There was no demonstrated progressing neurological deficit. The request was not made with the contemplation of surgical intervention but as a screening study. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented radiation to the LEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the objective findings documented on examination. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three months of symptoms with demonstrated failure of conservative care. The request for a repeated MRI of the lumbar spine is demonstrated to be not medically necessary.