

Case Number:	CM14-0051719		
Date Assigned:	07/07/2014	Date of Injury:	12/23/2008
Decision Date:	12/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/19/2014

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 is a 66 year old male who sustained a work related injury on December 23, 2008 when he stood up from a bending position and hit his head. The injured worker complained of headaches. A physician's report dated June 27, 2013 states that the injured worker was having headaches. Diagnoses included headaches and chronic back pain. Current work status was not found in the records. The injured worker was administered Butrans Patches for pain. Physical examination revealed the injured worker to be alert, conversant and showed no side effects of medications. Per the Utilization Review documentation the injured worker had a lumbar fusion of lumbar four-five level performed on November 2, 2009 and a lumbar laminectomy of lumbar four-five level with cage removal performed on February 1, 2010. The injured worker also had an MRI performed in October of 2011 which failed to reveal any significant pathology. A progress report dated November 7, 2013 states that the injured worker had chronic back pain radiating to the lower extremities. His gait was noted to be slightly antalic. He was stable on prescribed medications. A most current physician's report dated March 20, 2014 notes that the injured worker was not doing well and continued to have lower extremity pain. He also complained of slow urination with increased pain. The lower extremity pain was noted to be awaking the injured worker at night. The documentation supports there was no change in his condition except for the pain. Medications included Butrans and Norco. The Butrans was noted to have some benefit. On March 24, 2014 the treating physician requested an MRI of the lumbar spine with contrast. Utilization Review evaluated and denied the request for the MRI of the lumbar spine with contrast. Utilization Review denied the request due to lack of documentation submitted for review of abnormal neurologic or motor findings. The injured worker appeared to have unchanging complaints that were subjective without objective findings. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Section 722.1 Subsection under MRI

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

Decision rationale: This is a 66 year old male who sustained a work related injury on 12/23/08 when he stood up from a bending position and hit his head. The injured worker complained of headaches. Report of 6/27/13 states that the injured worker was having headaches. Diagnoses included headaches and chronic back pain s/p L4-5, L5-S1 lumbar fusion on 11/2/09 and lumbar laminectomy and cage removal on 2/1/10. Medications include Butrans Patches for pain. The injured worker had an MRI performed in October of 2011 showed diffuse disc protrusion at L2-3 and L3-4 without significant impingement of exiting nerve roots or canal stenosis; surgically fused at L4-S1 with exiting nerve roots are unremarkable. Report of 3/20/14 from the provider noted chronic ongoing unchanged leg pain. Exam showed no documented neurological deficits. Per ACOEM Treatment Guidelines for the Lower Back Disorders, 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, none identified 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 2008 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar with Contrast is not medically necessary and appropriate.