

Case Number:	CM14-0063819		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2005
Decision Date:	08/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/06/2014

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 Neurology 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 49- year old male who reports sustaining a lumbar strain on 10/25/2005 when he fell backwards and onto his lower back while performing an a typical task at work. Documents indicate that the IW has continued to suffer lower back pain with intermittent radiating lower extremity pain bilaterally in the years since. A review of records provided in an Agreed Medical Evaluation dated 4/3/2014 indicates that the IW has been treated with multiple courses of conservative pain management, including medications (currently takes Hydrocodone, Cyclobenzaprine, Gabapentin and Sertraline) and physical, chiropractic, myofascial and acupuncture therapies with unsatisfactory effect on his pain experience (6-10 out of 10 throughout treatment). The IW has been able to return to work as he reports his job is typically not physically demanding. The IW has reported daily and sometimes continuous use of a TENS unit. Additionally, the IW has received numerous lumbar and sacroiliac epidural and corticosteroid injections, lumbar medial branch blocks, and lumbar facet radiofrequency denervation with reports of good relief in pain symptoms from the latter. The relevant primary diagnoses are: lower lumbar spondylosis without myelopathy, lumbar radiculopathy, sacroiliac pain, multi-level facet arthropathy, and myofascial pain syndrome. The 4/3/2014 AME includes physician summaries dating from 11/2/2005 to 4/3/2014 including findings from five lumbar MRI studies and four X-ray studies. There were no original imaging reports submitted for this review. Summarily, these reports repeatedly indicate mild degenerative disc disease marked by mild disc desiccation at L1-2 with equivocal findings for disc-height loss from none to minimal. Specifically, there have never been findings for canal stenosis, neural foraminal narrowing, or disc protrusion or displacements at any lumbar level. Radiograph studies (X-ray) have corroborated these MRI results throughout. Arthropathic facet changes are noted consistently at L3-4, L4-5, and L5-S1. A right lower extremity EMG study on 7/27/09 indicated radiculopathy

at L5-S1. A discogram on 5/13/11 reports concordant pain on provocation of L5-S1, and a reference to a CT on that date only mentions degenerative changes at L1-2 and L5-S1. The 4/3/14 examiner's note summary states that magnetic resonance imaging is positive of the low back with evidence of myelopathy, but it is unclear from the notes provided which particular MRI study supports that impression, as all studies reviewed are specific to report no stenosis or foraminal narrowing at any level. Previous assessments for surgical intervention were not recommended by the treating surgeon primarily due to lack of significant MRI findings. The current treatment plan is for a lumbar fusion. A request for a pre-surgical lumbar MRI without contrast was requested on 3/18/14 and was subsequently denied on 5/2/14.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pp.303 -305.

Decision rationale: At the very least, there has not been provided sufficient history of objective neurological examinations or physiological evidence which document in clinically sufficient detail the progression or change in pathology or pain symptomology which would warrant a lumbar MRI. A positive test for radiculopathy at right L5-S1 is reported, but the records reviewed do not report sufficient clinical findings (such as found in a thorough neurological examinations) to corroborate this assessment at the time the study was conducted, nor since. A brief exam on 4/3/2014 reports equivocal evidence as it relates to possible nerve compromise specific to that indicated by the EMG conducted nearly four years ago, further punctuating the necessity for additional neurological assessment and clinically objective physiological findings. Where such findings are equivocal, the ACOEM Guidelines (Ch. 12, Low back complaints, p. 303.) indicate that further physiological evidence of dysfunction should be obtained prior to recommending an MRI study. Indiscriminant MRI studies are likely to indicate false-positive findings which are not the source of symptomology and do not warrant surgical intervention. In this case, it can be argued that there is an actual lack of positive findings in all previous MRI studies - with the exception of arthropathic facet changes at multiple levels which should be recognized as a significantly contributing source of pain (and as indicated by the successful results of medial branch block trials and facet RF ablations). Impressions from prior all five prior MRI's have been unremarkable with regard to changes indicating canal stenosis, neuro foraminal narrowing, or disc protrusion/displacement, even as mild disc desiccation at L1-2 has been noted. Without sufficient corroborative and objective physiological evidence or a change in symptomology indicating a change in pathology, there is no reason to assume that another MRI will indicate findings likely to change the course of treatment. Therefore, the request for MRI without contrast, lumbar spine is not medically necessary.