

Case Number:	CM14-0071682		
Date Assigned:	06/04/2014	Date of Injury:	06/19/2010
Decision Date:	07/11/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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 59-year-old male with a 6/19/10 date of injury. He injured his lower back while using a pallet jack. On 3/6/14, the patient has chronic lower back pain with a pain level of 5/10. Objective: healed surgical incision with painful ROM. On 1/23/14: lumbar spine radiographs: s/p L4-S1 PSF and interbody fusion. Good placement of hardware. L4 and L5 laminectomy. Fusion looks solid. Diagnostic Impression: s/p lumbar fusion, Lumbar discogenic disease, post-traumatic catheterization and continued urological problems, neck strain. Treatment to date: s/p L4-5/L5-S1 fusion, medication management, activity modification, bone growth stimulator, TENS unit. A UR decision dated 2/7/14 denied the request for a MRI based on the fact that the documentation provided was insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE WITH GADOLINIUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. ODG indications for repeat imaging include: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, or when the treating health care provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. This patient is status-post lumbar fusion at L4-5 and L5-S1 in 2012 and complains of persistent pain. The 9/23/13 medical report describes pain in the lower back radiating down LLE to ankle level associated with pins and needles. On exam, SLR was negative and stated that there was no hypesthesia on sensory exam. The 1/23/14 medical report documented a negative SLR and muscle strength 5/5 in both lower extremities. Lumbar x-rays were said to show solid fusions at L4-5 and L5-S1. Lumbar MRI with gadolinium, and EMG/NCV of bilateral lower extremities were requested. The 3/6/14 medical report described persistent pain with radicular symptoms involving the left lower extremity. There was now a positive left SLR; however, the point at which it was positive (i.e. degree) was not noted. None of the medical reports documented sensory changes consistent with any particular dermatomes. In summary this patient is s/p lumbar fusion and has chronic low back pain. However, there is no evidence of red flag diagnosis, new trauma, acute changes in the patient's chronic ongoing pain, or clinical evidence of specific nerve root involvement that would support a repeat lumbar MRI. Therefore, the request for a lumbar MRI is not medically necessary.