MAXIMUS Federal Services

Case Number:	CM14-0190634		
Date Assigned:	11/24/2014	Date of Injury:	01/07/2005
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 is a 54 year-old male with a date of injury reported as 1/7/2005. The mechanism of injury is not stated in the records provided for review, but it reported that he injured his lower back when he slipped on a railroad 'tire' used as a walk-way. The patient is status post spine fusion at L4-5 performed on 6/8/2005. According to an Authorized Medical Examiner's (AME) note dated 12/19/2007, the patient has had three lower back surgeries prior to this last surgery: following an injury recorded as accumulative through 12/6/1999, he had decompression procedure on 1/7/2000 and a re-decompression procedure to remove scar tissue on 4/10/2000; and following the injury of 1/7/2005, he had a third surgery (no details specified in the documentation provided for review) in February 2005 followed by the arthrodesis performed on 6/8/2005. X-ray imaging of lateral views during flexion, extension, and neutral position was obtained on 1/22/2007 and indicate that the patient is status post fusion at L4-5 with no subluxation demonstrated. Medical reports dated 7/30/2013 and 5/13/2014 report that the injured worker complains of low back pain which radiates to the left lower extremity. The treating physician notes on 5/3/2014 that the patient states that the condition is not worsening, and that pain medications (Norco) are necessary and effective. Pain complaints are reported as 4-5 on a scale of 10 when taking the medication. Physical and neurological exam findings reported on 7/30/2013, 5/3/14, and 10/13/2014 are for the most part unremarkable. There is some limit in lumbar range of motion, but provocation testing and Straight Leg Raise testing is negative. Myotomes L2 through S2 are reported as normal. Radicular symptoms are noted as being specific to the L4 dermatome without any detailed clinical findings. Deep Tendon Reflexes are reported as 2+ on the right and 2 on the left. The 10/13/2014 report indicates that a Nerve Conduction Study was performed but does not specify the date or any specific results other than to mention that there are possible SI radicular symptoms. A partial note from an AME report

which is referenced with a date of 3/5/2007 indicates that the examiner questioned the fusion as "solid," though there is not provided any commentary to address why such was suspected. He notes further that significant transitional segment disease above the level of fusion was apparent and opined that additional surgery was likely to be required in the future. The patient's care has been transferred to a different physician on 10/13/2014, and that physician requested an MRI of the lumbar spine to assess the status of the L4-5 fusion. That request was non-certified in a Utilization Review dated 11/3/2014.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302, 303.

Decision rationale: The MTUS ACOEM Practice Guidelines concerning low back complaints states that imaging studies should be reserved for cases in which surgery may be considered or when there is the presence of a red-flag, such as acute fracture, dislocation, infection, tumor, or cauda equine syndrome or other progressive neurological deficit. Further, imaging studies may be warranted where there is an unequivocal objective finding on the neurological examination which identify specific nerve root compromise or where physiologic evidence, such as that obtained from electromyography studies, provide sufficient evidence of tissue insult or nerve impairment (Special Studies and Diagnostic and Treatment Considerations, page 303). In this case, the neurological findings in the reports provided for review are underwhelming and lack sufficient detail to substantiate that an MRI of the lumbar spine is medically necessary. Clinical symptoms have not indicated a progression of neurological pathology, and the injured worker states his pain has remained unchanged. The injured worker is status post L4-5 lumbar de-compression and fusion, as evidenced by radiography on 1/22/2007. It is not appropriate to perform MRI diagnostic to evaluate the status of a fusion where current clinical findings would not otherwise meet MTUS criteria for special imaging studies. Therefore, this request is not medically necessary.