

Case Number:	CM14-0193581		
Date Assigned:	12/01/2014	Date of Injury:	02/08/2010
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with injury date of 02/08/10. Based on the 10/24/14 progress report, the patient complains of back and right leg pain rated 7/10. Patient is status post back surgery in 2013 with no pain relief per 10/30/14 report, and uses a cane. Physical examination to the lumbar spine revealed tenderness to percussion and limited range of motion at 20 degree of flexion and 5 degree of extension per 10/24/14 report. Per 10/24/14 report treater plans a two day surgery: "removal of L4-5 and L5-S1 devices, L4-S1 laminectomies and placement of screws from L4-S1; L4-5 and L5-S1 discectomies, interbody fusions and completion of L4-S1 laminectomies and placement of screws from L4-S1. Treater requests MRI to evaluate current stenosis and placement of the L4-5 and L5-S1 devices per 10/24/14 report. Per 10/30/14 progress report, MRI was already done. Image study per 10/30/14 progress report:-MRI: spinous process clamps posteriorly at L4-5 and at L5-S1; prior probable transforaminal lumbar interbody fusion at L5S1 with an interbody PEEK cage; moderate disc space narrowing at L5S1; moderate right and mild left sacroiliac joint osteoarthritis. Diagnosis 10/30/14-Degenerative and postsurgical changes as described above without evidence of complication. -Low back pain-Leg pain-Status spinal fusion-Diabetes The request is for MRI (MAGNETIC RESONANCE IMAGING) OF THE LUMBAR SPINE. The utilization review determination being challenged is dated 11/05/14. The rationale is "...no documentation of a significant functional limitation." Treatment reports were provided from 07/10/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) Chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with back and right leg pain rated 7/10. Review of the reports show an MRI from 10/30/14 but this appears to have been obtained after the request. The patient is status post spinal fusion in 2013 with no pain relief. Diagnosis dated 10/30/14 included degenerative and postsurgical changes. Per 10/24/14 report treating physician plans a two day surgery of the lumbar spine. ODG-TWC guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRIs (magnetic resonance imaging) Section states: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). (Bigos, 1999) Treating physician requests MRI to evaluate current stenosis and placement of the L4-5 and L5-S1 devices per 10/24/14 report. Patient is status post back surgery in 2013 with no pain relief per 10/30/14 report, and treating physician plans a two day surgery of the lumbar spine. There is no documentation that the patient has had repeat MRI following 2013 surgery. The request is in line with OGD guidelines, and is medically necessary.