

Case Number:	CM14-0195711		
Date Assigned:	12/03/2014	Date of Injury:	01/13/2010
Decision Date:	01/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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, 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 43-year-old male with a date of injury of 01/13/2010. According to progress report dated 10/30/2014, the patient presents with continued low back pain. The patient characterizes this pain as aching, burning, cramping, shooting, and stabbing. The pain starts in the lower back and radiates into the bilateral lower extremities. He also complains of burning sensation down the left leg. Examination of the lumbar spine revealed limited range of motion. There is moderate tight band, moderate spasm, moderate hypertonicity, and severe tenderness along the bilateral lumbar spine. Straight leg raise maneuver is moderately positive at bilateral L5 (40 degrees) and bilateral S1 (40 degrees) for radicular symptomatology. Facet distraction/loading maneuvers are positive mildly at bilateral L4-L5 and bilateral L5-S1 for axial lumbar pain. The listed diagnoses are: 1. Post-laminectomy syndrome, lumbar, 01/20/2013. 2. Lumbar radiculopathy. 3. Facet arthropathy. 4. Lumbar or lumbosacral disk degeneration. 5. Scar condition and fibrosis of skin. 6. Lumbar discogenic pain. 7. Lumbar HNP. 8. Lumbago. 9. Abnormal posture, mild loss of lumbar lordosis. The treating physician states that the patient has continued increase in radicular symptoms and, "We feel it would be appropriate to proceed with MRI of the lumbar spine." The utilization review denied the request on 11/05/2014. Treatment reports from 09/27/2013 through 10/30/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The current request is for MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. A review of the medical file indicates the patient underwent an MRI of the lumbar spine on 01/21/2014, which revealed "postoperative status in the form of post-fusion at L5-S1 vertebrae; abnormal T2 hyperintense signal in posterior paraspinal soft tissue at L4-L5, likely to represent postoperative status, suggestive of an abnormal soft tissue in the epidural location on the left side in the region of the left neuroforamen at L5-S1, showing mild enhancement on post-contrast images; mild diffuse bulge of L5-S1 disk without any significant central canal or neuroforaminal narrowing. The bulge measures approximately 2 mm in size." In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.