

Case Number:	CM14-0201008		
Date Assigned:	12/11/2014	Date of Injury:	10/06/2012
Decision Date:	01/31/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 21-year-old female with a date of injury of 10/06/2012. The listed diagnoses from the 10/16/2014 are: 1. Lumbago. 2. Intractable low back pain with new onset lower extremity symptoms. According to this report, the patient complains of low back and lower extremity pain. She rates her pain 9/10. The examination shows intermittent severe pain radiating down the bilateral lower extremities. Bilateral lower extremity strength is 5/5. No radicular pattern of pain noted. No other findings were noted on this report. Treatment reports from 04/18/2014 to 11/05/2014 were provided for review. The utilization review denied the request on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRIs

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 on MRI

Decision rationale: This patient presents with low back and lower extremity pain. The treater is requesting a repeat MRI of the lumbar spine. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The MRI of the lumbar spine from 12/07/2012 showed mild spondylosis at L1-L2 and L2-L3. A 3-mm central/right paracentral disk protrusion at L1-L2 indenting the ventral thecal sac and caused mild narrowing. A 2-mm subtle, shaped disk herniation at L2-L3. The MRI of the lumbar spine from 06/18/2013 indicates a 2- to 3-mm broad-based disk bulge which effaces the ventral CSF space. A 1- to 2-mm broad-based disk bulges at L2-L3, L3-L4, and L4-L5. These MRI reports were referenced from the QME report dated 11/05/2014. The examination from the 09/04/2014 report shows the same findings from the 10/16/2014 report. In this case, the patient does not present with new trauma or new injuries that would warrant the need for an updated MRI and there are no red flags documented. The request is not medically necessary.

SCS STIMULATOR TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105 to 107.

Decision rationale: This patient presents with low back and lower extremity pain. The treater is requesting an SCS Stimulator Trial. The California MTUS Guidelines page 105 to 107 under spinal cord stimulators (SCS), "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." The indications for a stimulator include failed back syndrome, complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, et cetera. The patient has received lumbar transforaminal injection with reported 75% pain relief. She has failed conventional pain management techniques, pain medications and physical therapy. The patient has not had any lumbar spine surgery. The 10/16/2014 report references the progress report from 04/24/2014 that showed that the patient had an SCS trial (date unknown) which she reports "85% improvement in her pain." In this case, the patient has already received an SCS stimulator trial and a repeat SCS stimulator trial is not medically necessary.