

Case Number:	CM14-0074913		
Date Assigned:	07/16/2014	Date of Injury:	10/13/1997
Decision Date:	04/06/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old male who sustained a work related injury on October 13, 1997. There was no mechanism of injury documented. The injured worker was diagnosed with post laminectomy syndrome (no date of surgical intervention documented), lumbar radiculopathy, internal derangement of the right knee, fibromyalgia and opioid tolerance. According to the primary treating physician's progress report on April 15, 2014 the patient continues to experience back pain and right knee pain. The pain radiates across the lower back right side greater than left side. Evaluation of the lumbar spine demonstrated pain bilaterally at L3-S1 lumbar facets on palpation, a palpable twitch at trigger points in the lumbar paraspinal muscles, anterior flexion at 50 degrees with pain and pain elicited with lumbar extension, right and left lateral flexion. There was minimal swelling of the right knee with range of motion noted as within normal limits. Current medications are listed as Naprosyn, Lidocaine Patch, Morphine, Xanax, Ambien, Protonix, Oxycodone and topical analgesic. Treatment modalities consist of psychotherapy twice monthly, ice therapy and medications. The treating physician requested authorization for Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine. On May 14, 2014 the Utilization Review denied certification for Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients considering back surgery, fracture or tumors that may require surgery. There is no indication that the patient would consider additional surgery as an option. In addition, The patient does not have any clear evidence of lumbar radiculopathy or any evidence of new findings. The patient has no symptoms suggestive of radiculopathy. Therefore, the request for MRI of the lumbar spine is not medically necessary.