

Case Number:	CM15-0000966		
Date Assigned:	01/12/2015	Date of Injury:	05/25/2006
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 77 year old individual, who sustained an industrial injury on 5/25/2006 from a slip and a fall off a ladder resulting in a spinal fracture. Treatment to date has included L4-S1 decompression and fusion in 2007, medications and physical therapy. X-rays of the lumbosacral spine dated 10/10/2014 revealed posterior interbody fusion of L4, L5 and S1, lateral bony fusion of L4, L5 and S1, degenerative disc disease of L1-2, L4-5 and L5-S1, and generalized moderate osteoarthritis. Currently, the IW has no new motor or sensory deficits. Range of motion is 20 degrees flexion, extension, right/left lateral rotation and bending. On 12/08/2014, Utilization Review non-certified magnetic resonance imaging (MRI) of the lumbar spine noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 1/05/2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Internet version 2014, Repeat MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, MRI

Decision rationale: The patient presents with lumbar spine pain. The request is for an MRI OF THE LUMBAR SPINE. The utilization review denial rationale is that there is no documentation of any significant change in clinical status or any new residual deficits that warrant performing a lumbar MRI at the present time. There is no documentation of any other diagnostic studies such as lumbar x-rays and/or flexion/extension views. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that, "MRI are tests of choice for patients with prior back surgery, for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or a 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" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. There is no indication of the patient having any prior MRI of the lumbar spine. The patient has a limited range of motion for his lumbar spine. Given that the patient has not previously had an MRI of the lumbar spine, he continues to have chronic low back pain. The requested MRI of the lumbar spine IS medically necessary.