

Case Number:	CM15-0002523		
Date Assigned:	01/13/2015	Date of Injury:	12/31/1999
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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:

The injured worker is a 55 year old male who sustained an industrial injury on 12-31/1999. He has reported pain to the upper back after pulling too hard on a steel bar. The diagnoses have included cervical and lumbar facet arthropathy, cervical and lumbar radiculopathy, lumbar spondylosis and chronic pain. Treatment to date has included epidural steroid injections, therapy and medication management. Currently, the IW complains of continuing low back pain. Magnetic resonance imaging from 7/16/2012 showed multilevel degenerative disc disease lumbar 2 to sacral 1 with disc bulges and likely impingement on the lumbar 4-5 stenosis. On 12/17/2014, Utilization Review non-certified a repeat magnetic resonance imaging of the spine without dye, noting the lack of medical necessity for a repeat magnetic resonance imaging. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the Lumbar Spine without Contrast: Upheld

Claims Administrator 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter Low Back Lumbar & Thoracic (Acute & Chronic), MRIs

Decision rationale: The 55 year old patient presents with low back pain that radiates to the right lower extremity and is also accompanied by numbness in bilateral lower extremities, as per progress report dated 12/08/14. The request is for MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE WITHOUT CONTRAST. The RFA for this case is dated 12/11/14, and the patient's date of injury is 12/31/99. The patient also complains of spasms in the lower back along with pain in bilateral upper extremities, as per progress report dated 12/08/14. The pain is rated at 6/10 with medications and 8/10 without medications. The patient is status post two cervical fusion surgeries, no other information available. Diagnoses, as per the same report, includes cervical facet arthropathy, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. MRI of the lumbar spine, dated 08/08/13 was reviewed in progress report dated 12/08/14. It revealed posterior disc bulges at several levels, narrowing of the spinal foramina, rotatory scoliosis, and discogenic and degenerative changes greatest at L4-5. Medications include Percocet, Tramadol, Naproxen and Zanaflex. The patient is working in a job that does not involve heavy lifting or bending, as per progress report dated 12/08/14. ACOEM Guidelines, chapter 8, page 177 and 178, state: Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter 'Low Back Lumbar & Thoracic (Acute & Chronic)' and topic 'MRIs (Magnetic Resonance Imaging)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient suffers from chronic low back pain and is status post two lumbar fusion surgeries, dates of the procedures are not mentioned. In progress report dated 12/08/14, the treater requests for an MRI of the lumbar spine to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated in conjunction with objective findings, into the decision process in formulating a treatment plan for this patient. The patient, however, has already had at least two MRIs of lumbar spine on 08/08/13 and 07/16/12, as per the same progress report. There are no red flags and the patient is not post-op and does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.