MAXIMUS Federal Services

Case Number:	CM15-0100150		
Date Assigned:	06/02/2015	Date of Injury:	05/16/2008
Decision Date:	11/25/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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 49-year-old male, with a reported date of injury of 05-16-2008. The diagnoses include lumbar degenerative disc disease and lumbar facet arthropathy with ongoing back pain. Treatments and evaluation to date have included Elavil, Lyrica, Morphine Sulfate, Norco, and lumbar epidural steroid injection on 12-22-2014. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 05-04-2015 indicates that the injured worker complained of neck pain, low back pain, and leg pain. The injured worker rated his pain 9 out of 10 without medications and 4 out of 10 with medications. On 04-08-2015, the injured worker rated his pain 9 out of 10 without medications, and 3-4 out of 10 with medications. The physical examination showed positive bilateral straight leg raise, right greater than left; normal lumbar flexion; inability to extend; and lateral bending was 30% restricted. It was noted that an MRI of the lumbar spine on 05-21-2010 showed marked narrowing of the intervertebral disc space at L4-5, subannular disc herniation at L4-5 protruding 4.5mm, and marked narrowing of the intervertebral disc spaces at L1-2 and L2-4 with Schmorl's nodes. The treating physician requested an MRI of the lumbar spine without contrast. It was noted that the last MRI of the lumbar spine was over 5 years ago. On 05-18-2015, Utilization Review (UR) non-certified the request for an MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI without contrast for the lumbar spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Exam showed diffuse weakness with intact sensation and reflexes. Treatment Guidelines states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The One MRI without contrast for the lumbar spine, as an outpatient is not medically necessary or appropriate.