

Case Number:	CM15-0102818		
Date Assigned:	06/05/2015	Date of Injury:	09/29/2010
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old male, who sustained an industrial injury on 9/29/2010. He reported sudden onset of low back pain while attempting to maneuver a large weight into a cooler/freezer. The injured worker was diagnosed as having chronic low back and left leg pain. Treatment to date has included diagnostics, physical therapy, chiropractic, lumbar spinal surgery (L4-5 laminectomy on 3/19/2013), and medications. Magnetic resonance imaging of the lumbar spine (7/17/2013) was referenced as showing posterior disc bulging, with postsurgical changes in the left hemilaminectomy, and mild narrowing left inferior neural foramen. Currently (5/05/2015), the injured worker complains of constant and sharp aching pain in his low back, with radiation to his left leg, and associated numbness in his toes. His pain was rated 8/10, aggravated by everything, and alleviated by position changes. Activities of daily living were painful and difficult. He was currently not working. Current medications included Gabapentin and Tramadol. Exam noted a left antalgic gait and diffuses tenderness to palpation to the left lumbar paraspinals. Range of motion was 20% of normal, straight leg raise was painful at 20 degrees on the left, and left leg pain was present with crossover straight leg rising on the right. Motor strength was 4 in the left iliopsoas and quadriceps, with minimal voluntary effort with all left foot motor strength. Sensory deficits were noted in the left lower extremity. The treatment plan included magnetic resonance imaging of the lumbar spine, with and without contrast, to reassess pathology and evaluate for spinal stenosis or herniated disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging) 2. American College of Radiology ACR Appropriateness Criteria <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/LowBackPain.pdf>.

Decision rationale: The injured worker sustained a work related injury on 9/29/2010. The medical records provided indicate the diagnosis of chronic low back and left leg pain. Treatment to date has included. Physical therapy, chiropractic, lumbar spinal surgery (L4-5 laminectomy on 3/19/2013), and medications. The medical records provided for review do not indicate a medical necessity for MRI lumbar spine with and without contrast. The medical records indicate this is a repeat Lumbar MRI is silent on repeat MRI, but recommends MRI if there is unequivocal objective evidence of neurological dysfunction that is treatable by surgery. The MTUS recommends against over reliance on imaging to avoid diagnostic confusion. The official Disability Guidelines does not recommend repeat MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The American College of Radiology ACR Appropriateness Criteria does not recommend MRI lumbar spine with and without contrast except suspected of epidural or intraspinal disease; if non-contrast MRI is non-diagnostic or indeterminate; to differentiate disc from scar. Therefore, the requested test is not medically necessary due to lack of evidence of significant change in symptoms and/or findings suggestive of significant pathology.