MAXIMUS Federal Services

Case Number:	CM15-0134018		
Date Assigned:	07/22/2015	Date of Injury:	12/17/2006
Decision Date:	08/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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 female who sustained an industrial /work injury on 12/17/06. She reported an initial complaint of severe low back pain with radiation to the left leg and ending in the left foot. The injured worker was diagnosed as having brachial neuritis/radiculitis, thoracic spine/lumbar spine neuritis/radiculitis, post-laminectomy syndrome of lumbar spine region. Treatment to date includes medication, surgery (laminectomy/discectomy at L5-S1), and biofeedback sessions. Currently, the injured worker complained of low back pain. Per the primary physician's report (PR-2) on 1/21/15, exam noted tenderness to palpation of the lumbosacral region, restricted range of motion with guarding wit motion, motion is 20% of normal, hyperextension of the lower back does cause radiating pain to the buttocks or posterior thigh region, deep tendon reflexes are 2+ bilaterally, and sensation is reduced at S1 nerve distribution bilaterally. Current plan of care included updated diagnostics, revision surgery, and medication. The requested treatments include Magnetic resonance imaging (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:

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

MAXIMUS 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, MRI.

Decision rationale: The patient presents on 06/11/15 with pain in the lower back, shoulder, neck, elbow, wrist, hand, finger, hip, ankle, foot, and toes. The pain is rated 10/10. The patient's date of injury is 12/17/06. Patient is status post anterior interbody fusion with cage fixation in 2008, status post posterior spinal fusion with pedicular instrumentation and bone subsitute at L5-S1 in May 2009, and status post kyphoplasty at L2, L3, and L4 levels with revision decompression L4 to S1 levels in October 2010. The request is for MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE. The RFA is dated 06/17/15. Physical examination dated 06/11/15 reveals tenderness to palpation of the lumbar paraspinal area with a well healed surgical scar noted. Straight leg raise is noted to be positive bilaterally and the provider also notes radicular signs bilaterally. The patient is currently prescribed Opana, Prilosec, Zofran, Gabapentin, Robaxin, Cymbalta, Lactulose, and Gabapentin. Electrodiagnostic testing of the lower extremities dated 01/21/15 has the following conclusions: "Electrophysiological evidence of severe bilateral L5 sensory radiculopathy... severe bilateral S1 sensory radiculopathy." An MRI of the lumbar spine, dated 05/27/15 was also included, significant findings are: "L3-L4 grade I retrolisthesis, mild canal stenosis and moderate right and mild left neural foraminal narrowing... L5-S1 changes related to instrumented anterior and posterior fusion and severe left and moderate right neural foraminal narrowing." Patient's current work status is not provided. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal 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 "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or 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.In regard to the repeat lumbar MRI, the requesting provider has not included documentation of severe progressive neurological deficit to warrant repeat imaging. This patient underwent MRI imaging on 01/21/15 and 05/27/15, with findings consistent with significant lower back surgical history and spinal stenosis. Progress note dated 06/11/15 documents "radicular symptoms" in the bilateral lower extremities, but these findings are not noted to be significantly greater than previous encounters. ACOEM and ODG require documentation of progressive neurological deficit or examination "red-flags" indicative of significant nerve compromise to substantiate repeat imaging, no such findings are included. Without a rationale as to why a third lumbar MRI in 9 months is necessary to improve this patient's course of care, or evidence of recent exacerbation of this patient's neurological symptoms, repeat imaging cannot be substantiated. Therefore, the request IS NOT medically necessary.