MAXIMUS Federal Services

Case Number:	CM15-0136187		
Date Assigned:	07/24/2015	Date of Injury:	02/25/1991
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/14/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old male who sustained a work related injury February 25, 1991. Past history included status post lumbar fusion, status post right knee arthroscopy with residual. A lumbar spine x-ray, 4 views, dated April 29, 2015 (report present in the medical record) revealed L4-5 and L5-S1 fusion, 2 mm retrolisthesis L3-4 with flexion. According to an interventional pain management follow-up report, dated June 5, 2015, the injured worker presented with complaints of cervical and lumbar spine pain, rated 6-9 out of 10. He reports constant pulsing in the lumbar spine and the pain radiates into his both legs, mostly the right. Physical examination reveals he ambulates with a cane and he has an antalgic gait on the right; heel toe walk exacerbates his antalgic gait on the right. Lumbar spine examination revealed; a well healed surgical scar, guarding and spasms, multiple trigger points, moderate to severe facet tenderness L4-S1. The FABERE-Patrick, sacroiliac thrust test, and Yeoman's test are all positive left and right. Kemp's and Farfan tests are positive left and right; seated straight leg raise right at 50 degrees and supine straight leg raise right at 40 degrees. Lumbar range of motion; lateral bending right 15 degrees and left 25 degrees, flexion 60 degrees and extension 10 degrees. There is decreased sensation in the L4, L5 and S1 dermatomal distributions on the right and trace decreased sensation along the L5 dermatomal distribution on the left. Assessment is documented as cervical disc disease; cervical radiculopathy; lumbar facet syndrome; lumbar radiculopathy; bilateral sacroiliac joint pain. At issue, is a request for authorization for an 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 with 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-TWC), Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for Magnetic resonance imaging (MRI) of the lumbar spine with contrast, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested Magnetic resonance imaging (MRI) of the lumbar spine with contrast is not medically necessary.