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| Case Number: | CM15-0163054 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 07/18/1994 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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 53 year old female who sustained an industrial injury on 7-18-94. When she tripped and fell while getting out of a vehicle. She currently complains of lower back pain radiating to the right lower extremity with numbness and a pain level of 7 out of 10 with medication and 10 out of 10 without medication; intermittent neck pain radiating to bilateral upper extremities with tingling; sleep disturbance. On physical exam of the lumbar spine there was tenderness on palpation of the right and left paraspinal region at L5, tenderness at the sacrum. Medications were Norco, docusate sodium, Fentanyl patch, Lidocaine patch, Miralax, tizanidine, trazodone, Wal-Zan. Medications improve activities of daily living. Diagnoses include degeneration of the cervical intervertebral disc; chronic pain syndrome; knee pain; degeneration of lumbar intervertebral disc; shoulder joint pain. Treatments to date include pain management. Diagnostics include MRI of the lumbar spine (6-17-15) that showed herniated disc with recommendation for surgery (per injured worker, 6-22-15 note), severe stenosis at L3-4 on the left, L4-5, impingement of the L4 nerve root; MRI of cervical spine shows herniation at C5-6 with narrowing of the C6 nerve root canal; thoracic MRI was unremarkable. She has had court approval for MRI of the lumbar spine. On 7-29-15 utilization review evaluated a request for MRI of the lumbar spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine, with contrast qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents on 06/22/15 with lower back pain which radiates into the right lower extremity. The patient's date of injury is 07/18/94. Patient has no documented surgical history directed at this complaint. The request is for MRI of the lumbar spine, with contrast Qty 1.00. The RFA is dated 07/16/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the sacrum and the bilateral paraspinal region at the L5 level, with decreased sensation in the L5 dermatomal distribution on the left and S1 dermatomal distribution on the right. The patient is currently prescribed Norco, Fentanyl, and Zanaflex. Patient is currently classified as permanent and stationary. 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 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 regard to the request for an MRI of the lumbar spine, treater has not provided a reason for the request or evidence of progressive neurological deficit. In this case, a lumbar MRI was approved and carried out in June 2015, per follow-up evaluation dated 06/17/15. According to utilization review dated 07/29/15, another request for a lumbar MRI was submitted through a different provider on 07/16/15, though the associated progress note was not made available for review. It appears in that there was a duplication of imaging requests when this patient was seen by a third party provider, as there is evidence that an MRI was performed the month before the RFA. Without documentation of progressive neurological deficit or other red flags indicative of significant injury or decline in this patient's condition, repeat imaging cannot be substantiated. The request is not medically necessary.