

Case Number:	CM15-0168118		
Date Assigned:	09/08/2015	Date of Injury:	07/16/1992
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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 62 year old male who sustained an industrial injury on 07-19-1992. Current diagnoses include L1-2, L2-3 spondylosis with stenosis due to adjacent level degeneration status post L1 through L3 revision reconstruction. Report dated 08-11-2015 noted that the injured worker presented for follow up. Physical examination was not provided. The physician noted that the injured worker had a dorsal column stimulator trial and gained 90-100% relief, and the injured worker would like to proceed with permanent placement to treat the low back pain and severe bilateral foot pain. Previous treatments included medications, surgical interventions, and spinal cord stimulator trial. The treatment plan included requests for T-spine MRI without contrast to rule out thoracic lesion in preparation for dorsal column stimulator placement, and surgery authorization and planning for permanent placement of dorsal column stimulator. Request for authorization dated 08-11-2015, included requests for T spine MRI without contrast, dorsal column stimulator, insertion, assistant surgeon, and pre-op clearance. The utilization review dated 08-18-2015, non-certified the request for a lumbar spine MRI based on the following rationale. The utilization reviewer stated, "the request for further imaging in this individual whose diagnosis is already established would not be supported."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, 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 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 MRI Lumbar Spine is not medically necessary or appropriate.