

Case Number:	CM15-0181718		
Date Assigned:	09/23/2015	Date of Injury:	02/13/2015
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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 29 year old female, who sustained an industrial injury on 2-13-2015. She reported a low back injury from heavy lifting. Diagnoses include a history of urgent lumbar laminectomy on 4-23-15 secondary to Cauda Equina Syndrome, herniated nucleus pulposus, and degenerative disc disease. Treatments to date include activity medication, anti-inflammatory, NSAID, and physical therapy. The records submitted included an Emergency Department record dated 5-22-15, documenting presentation for new numbness of lower extremities and mild urinary incontinence. It further included radiographic imaging results from the same date, revealing post-surgical changes and bone marrow edema with increased fluid near L5 and S1. She was discharged in stable condition with instructions to follow up in the office. She presented again to the Emergency Department on 7-22-15, with complaints of increased back pain and difficulty walking. It was documented she was seen the previous day in an Emergency Department when a lumbar spine MRI revealed a "bulging disc" in the lumbar spine, however, the report was not submitted for this review. She was discharged with orders for a prednisone taper and to follow up in the office. Currently, she complained of ongoing numbness in the left, with increasing weakness over the previous three or four days with increased low back and buttock pain. On 7-28-15, the physical examination documented decreased lumbar range of motion. X-rays obtained of the lumbar spine on this date showed "normal alignment". The plan of care included repeat MRI of the lumbar spine. The appeal requested authorization for a lumbar spine MRI with contrast dye. The Utilization Review dated 8-25-15, denied the request citing the California MTUS and ACOEM Guidelines.

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: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRI's (magnetic resonance imaging) (L-spine).

Decision rationale: The current request is for MRI of the lumbar spine. Treatments to date include lumbar laminectomy 04/23/15, injections, activity modification, anti-inflammatory, pain medications, and physical therapy. The patient is not working. ACOEM Guidelines, Low Back chapter 8, Special Studies, pages 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, Low back chapter under MRI's (magnetic resonance imaging) (L-spine) states that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." 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." Per report 07/28/15, the patient presents with an increase in low back, bilateral buttock and leg pain. Physical examination documented decreased lumbar range of motion, negative straight leg raise and normal strength in the low extremities. An x-ray was performed on this date, which revealed normal findings. The treater recommends a "repeat MRI of the lumbar spine with magnevist as her symptoms are getting worse." The patient was seen in the emergency department on 05/27/15, with complaints of increase in low back pain with paresthesia. An MRI was performed which showed bone marrow signal intensity demonstrating edema in the L5, increased fluid signal in the posterior aspect of the L5, postsurgical changes at L5-S1, and at L1-L2 through L4-5 unremarkable findings, with no significant central canal stenosis. In regard to the request for a repeat MRI of the lumbar spine, the treater has not provided evidence of progressive neurological deficit, and there is no discussion of re-injury or other "red flags" which would warrant repeat imaging. 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.