

Case Number:	CM15-0183274		
Date Assigned:	10/02/2015	Date of Injury:	08/26/1998
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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 63 year old male with an industrial injury dated 08-26-1998. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent disc herniations at L3-S1 with advanced discogenic, modic changes and endplate deterioration with marked facet arthropathy. The injured worker is status post left L3-S1 laminoforaminotomies and microdisectomies performed on 05-13-2013, and status post anterior cervical discectomy and fusion C4-C6 performed on 08-17-2014. According to the most recent progress note dated 03-09-2015, the injured worker reported continued intermittent mild to moderate neck pain with intermittent radiation into bilateral hands with numbness, tingling and weakness. The injured worker also reported low back pain with radiation to the left thigh with numbness, tingling and weakness. Medical records (03-09-2015) indicate that the injured worker is status post left eye detached retina surgery and is having increased back pain and left scapular pain secondary to body position he assumed during sleep. Objective findings for lumbar spine were not included in report (03-09-2015). Magnetic Resonance Imaging (MRI) of the lumbar spine dated 06-10-2014 revealed " post-surgical changes of prior posterior hemi-laminectomy at L3-4 through L5-S1, mild lumbar spine levoscoliosis, mild multi-level disc degeneration at L2-3 through L5-S1, moderate left and mild right L5-S1 facet joint arthropathy with a 2 millimeter left greater than right posterior disc protrusion, moderate to severe left L5-S1 foraminal stenosis with anatomic potential for impingement on the exiting left L5 nerve, mild left greater than right L5-S1 lateral recess stenosis, a 3-4 millimeter left greater than right posterior disc protrusion at L4-5 contributing to moderate L4-5 bilateral recess stenosis with moderate right greater than left L4-5

facet joint arthropathy, potential for impingement on the traversing L5 nerves bilaterally. There was a 2 millimeter broad based posterior disc protrusion at L3-4 with a 3.5-4 millimeter left postero-lateral disc protrusion component, mild to moderate left L3-4 lateral recess stenosis, thin 1-2 millimeter thick curvilinear annular fissure formation is also known at the posterior L3-4 disc margin and at the left posterolateral L4-5 disc margin. There was also suggestion of a 1-2 millimeter curvilinear annular fissure at the left postero-lateral L5-S1 disc margin." Treatment has included diagnostic studies, prescribed medications, acupuncture, chiropractic adjustment, injectional therapy, physical therapy and periodic follow up visits. The treatment plan included extension of authorization of lumbar surgery for four months, updated Magnetic Resonance Imaging (MRI) of the lumbar spine and sleep apnea machine. The utilization review dated 08-27-2015, non-certified the request for MRI (magnetic resonance imaging) of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (Web) 2015, Low Back, MRI's (Magnetic Resonance Imaging).

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 MRIs.

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities and low back pain radiating to the right thigh. The request is for MRI (Magnetic Resonance Imaging) OF THE lumbar spine without contrast. Patient is status post cervical spine surgery 08/17/12, and lumbar spine surgery, 05/13/13. Patient's treatments have included medication, image studies, EMG/NCV studies, physical therapy, core strengthening, acupuncture, chiropractic care, injections, rhizotomies, and surgeries. Per 08/11/15 Request For Authorization form, patient's diagnosis include s/p lumbar decompression, herniated disc, radiculopathy. Patient's medications, per 09/22/15 progress report include Cymbalta and Flexeril. Patient's work status was not specified. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "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 who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1-month conservative therapy; prior lumbar surgery; cauda equina syndrome. Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if they have severe progressive neurologic impairments or

signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. The patient's status post left L3-S1 laminoforaminotomies and micro discectomies performed on 05/13/13 and continues with low back pain radiating to the right lower extremity. Per 03/09/15 progress report, the patient was authorized for L-3 through S-1 posterior spinal fusion and decompression surgery. In the same report, the treater is requesting for an extension on the surgery due to patient's recent eye surgery, which requires recovery time. Review of the medical records provided indicate that the patient underwent a lumbar MRI on 06/10/14, which showed post-surgical changes of prior posterior hemi-laminectomy at L3-L4 through L5-S1; mild lumbar spine levoscoliosis; mild multi-level disc degeneration at L2-3 through L5-S1. In progress report dated 09/22/15, the treater states that the patient has recurrent disc herniation and at this point is so dysfunctional that he will require surgical intervention. The guidelines support a pre-operative MRI for surgical planning. This request appears to be reasonable and within guideline recommendations and therefore, is medically necessary.