MAXIMUS Federal Services

Case Number:	CM15-0187350		
Date Assigned:	09/29/2015	Date of Injury:	05/03/2006
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65-year-old male, who sustained an industrial injury on 5-3-06. Medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis, lumbar radiculopathy, right knee pain-rule out internal derangement, left ankle pain rule-out osteochondral defect, chronic left ankle sprain-strain and generalized abdominal pain rule-out industrial causation. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On (8-14-15) the injured worker complained of low back pain, right knee pain and left ankle pain. Lumbar spine examination revealed tenderness and difficulty rising from a seated position. Range of motion included flexion 40 degrees, extension 35 degrees and left and right lateral tilt 35 degrees. A straight leg raise test was positive bilaterally. The lumbar spine pain was rated 8 out of 10 with increasing left greater than right lower extremity symptoms. The injured worker also noted instability and near falls. Treatment and evaluation to date has included medications, topical compound analgesic, MRI of the lumbar spine (unspecified date and noted to be outdated), physical therapy and two lumbar spine decompressive surgeries. Current medications include Hydrocodone. The request for authorization dated 9-4-15 included a request for an MRI of the lumbar spine. The Utilization Review documentation dated 9-14-15 non-certified the request 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:

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "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. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided indicate this patient is having increased pain, radiculopathy and neurological symptoms. The medical records provided to not include a recent MRI. It appears this patient is considering additional surgical intervention. As such, the request for MRI lumbar spine is medically necessary.