

Case Number:	CM15-0189289		
Date Assigned:	10/01/2015	Date of Injury:	07/23/2004
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55-year-old male who sustained an industrial injury on 7-23-04. A request for authorization is dated 8-14-15 and notes the diagnosis of lumbar radiculitis. Previous treatment includes physical therapy, home exercise, (LSO) lumbo-sacral orthosis brace, surgery, and medication. In a progress report dated 6-25-15, the physician notes he is about 9 months status post multilevel laminectomy and fusion of his lumbar spine. He has titrated off most of his opioid medications. He takes Morphine, Clonazepam, and Amitriptyline. He reports over the past month he has had some return of the back pain, a little radiating to his lower extremities and notes it does sometimes affect his function. Examination reveals bilateral lumbosacral paraspinal tenderness to palpation with restrictions in flexion secondary to pain. Muscle testing reveals some mild weakness in the bilateral dorsiflexion at 4+ out of 5. Straight leg raise is negative and his gait is intact. The requested treatment of MRI of the lumbar spine was non-certified on 8-26-15.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (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 section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are status post laminectomy and fusion; and residual radicular pain. Date of injury is July 23, 2004. Request for authorization is August 18, 2015. The medical record contains 24 pages. According to a progress note, dated January 30, 2015, of the injured worker is four months status post fusion and laminectomy from L3 to the sacrum. According to the utilization review, the injured worker had an MRI May 6, 2014. According to a July 28, 2015 progress note, the injured worker has ongoing radicular symptoms involving the lower extremities left greater than right. The documentation indicates there are no new symptoms or weakness. Objectively, there is tenderness to palpation. The neurologic examination is unchanged there are no unequivocal objective findings that identify specific nerve compromise on neurologic examination. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, and no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology, MRI of the lumbar spine is not medically necessary.