MAXIMUS Federal Services

Case Number:	CM15-0190746		
Date Assigned:	10/02/2015	Date of Injury:	10/15/2011
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female who sustained an industrial injury on 10-15-11. The injured worker is being treated for cervicalgia; spasms of the muscles; lumbago; lumbalgia; intervertebral disc disorder; chronic pain syndrome; postlaminectomy syndrome, cervical and lumbar regions; lumbosacral spondylosis without myelopathy; anxiety; depression. She currently (9-14-15) complains of worsened pain in the back with a pain level of 8 out of 10. The injured worker indicates that she had no problems until around January or February 2015 she started having low back pain without any particular injury and the treating provider indicated that it may be hardware bursitis. On physical exam of the lumbar spine there was tenderness on palpation, decreased range of motion. In the 5-7-15 note the provider indicates that the injured worker has no evidence of lumbar radiculopathy. She has had lumbar x-rays (5-2015) showing that the fusion is stable, instrumentation is in good placement, no significant change; MRI of the lumbar spine (3-2012) showing severe disc bulge with associated annular tear at L4-5, disc degeneration moderate at L4-5 and severe at L5-S1. She was treated with medications: (current) Norco, Ambien, Lidoderm 5% patch, Celebrex, Lyrica, Prilosec (past): Norco, Advil, gabapentin, Trazodone, Tylenol, Lyrica, Effexor, Zanaflex, Valium, Ambien; icing; local hardware injection low back with temporary relief; physical therapy for neck and back; acupuncture; chiropractic treatments; lumbar fusion at L4-5 and L5-S1 (5-2012); cervical injections and radiofrequency lesioning which seemed to "flare up" all her issues; cervical fusion with significant benefit. The request for authorization dated 9-10-15 was for MRI of the lumbar spine due to lumbar spine pain. On 9-17-15 Utilization Review non-certified the request for 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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic resonance imaging).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other 'red flags;' Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation) X-ray of the lumbar spine dated 5/14/15 revealed no acute radiographic abnormalities; stable postsurgical changes were present L4 through S1 with superimposed mild degenerative changes; stable minimal anterolisthesis of L5 on S1. The documentation submitted for review does not contain positive physical examination findings regarding the lumbar spine or indication of subjective complaints of pain to the lumbar spine noted for review that would support the role of an MRI. There are no documented motor, sensory or functional deficits, or aforementioned indication. Without evidence of acute change in injured worker's clinical symptoms or positive physical examination findings, an MRI is not supported. The request is not medically necessary. Additionally, the injured worker was authorized for CT scan, though it is not clear whether this has been completed.