

Case Number:	CM15-0191524		
Date Assigned:	10/05/2015	Date of Injury:	10/23/2007
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 35-year-old male who sustained an industrial injury on 10-23-2007. Diagnoses have included chronic lumbago with intermittent severe episodes of back pain, intermittent bilateral L3 radiculopathy, facet arthropathy in L4-S1, and L5-S1 disc space collapse. Treatment noted includes medication including Baclofen, Celebrex, and Nucynta, and he had been taking Cyclobenzaprine and Norco, which were discontinued. Medication is noted to bring pain down to 3 out of 10 from a stated 6. On 8-11-2015, the injured worker reported constant low back pain rated as 6 out of 10 intermittently radiating into his groin and down the left lower extremity. He had been experiencing decreased sensation in the left anterior thigh and shin to the top of left foot, stating symptoms increase with activity. A lumbar X-ray on 2-12-2015 showed mildly decreased disc space narrowing at L4-5 and L5-S1; and an MRI on 1-21-2015 had revealed mild multilevel degenerative disc disease of lumbar spine and an annular tear and disc bulge L2-L3 without stenosis. An additional small annular tear and mild disc bulge was noted at L3-4 without stenosis with no herniation or central canal stenosis. An electromyogram in 2013 of the bilateral extremities had been "normal." Since the MRI of 1-21-2015, the injured worker is noted to have had a "severe flare up" confining him to bed for one week, and he began noticing changes in his lower extremities including fatigue, intermittent tremors, testicular pain, and difficulty with bowel movements. The treating physician is requesting a repeat lumbar MRI as well as an MRI of the thoracic spine without contrast. This was denied on 9-2-2015. The injured worker is working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Thoracic Spine Without Contrast and MRI of The Lumbar Spine Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 section, MRI Lumbar and thoracic spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the thoracic spine and lumbar spine without contrast 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 chronic lumbago with intermittent severe episodes of back pain; intermittent bilateral L3 radiculopathy; facet arthropathy L4- L5 and L5- S1; L5- S1 disk space collapse; and neurogenic claudication. Date of injury is October 23, 2007. According to a September 22, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the growing and down the legs. Pain score is 4/10. Medications include baclofen, Celebrex and Nucynta. Objectively, there is no evidence of weakness walking on the toes or heels. There is tenderness to palpation in the lower thoracic spine and L4 -S1 region. Sensory examination and motor examination are normal. There is no neurologic deficit noted. The injured worker had a previous lumbar MRI August 11, 2015 that showed disc degeneration L3 -L4, L4- L5 and L5- S1 with no instability and no fracture. The treating provider in the discussion section feels the symptoms were different from prior symptoms and more constant and included weakness of the legs when walking. There is no objective evidence of weakness in the lower extremities. There is no unequivocal objective findings that identify specific nerve compromise. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no new significant symptoms and/or objective findings suggestive of significant pathology to warrant a repeat lumbar MRI. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no neurologic deficit with an unremarkable neurologic examination and no unequivocal objective findings that identify specific nerve compromise, MRI of the thoracic spine and lumbar spine without contrast is not medically necessary.