MAXIMUS Federal Services

Case Number:	CM15-0191922		
Date Assigned:	10/05/2015	Date of Injury:	09/13/1997
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on 9-13-1997. The injured worker was being treated for chronic intractable low back pain status post multiple surgeries, cauda equina syndrome, severe neuropathic pain, and chronic pain syndrome. On 9-1-2015, the injured worker reported electrical pain episodes from the hips down the legs over the past 2 weeks. Per the treating physician, "the last MRI showed arachnoid cyst in canal and cracked fusion" and follow-up MRIs had been recommended for continued monitoring. The physical exam (9-1-2015) revealed a mild antalgic gait, limited lumbar range of motion, motor strength was 5 out of 5 of the lower extremities, and a non-focal neurological exam. On 9-11-2008, an MRI of the lumbar spine revealed postoperative changes at L5-S1 (lumbar 5-sacral 1). There was a laminectomy defect at L5-S1 with a fluid collection within the defect. There was a catheter extending from the thecal sac into the fluid collection and back into the thecal sac. There were postoperative changes at L5-S1 without evidence for spinal stenosis or neural foraminal narrowing and mild spinal stenosis at L4-5 (lumbar 4-5) that resulted from facet arthropathy. Surgeries to date have included anterior-posterior lumbar fusion at L5-S1 with removal of hardware and redo fusion. Treatment has included short-acting and long-acting pain, muscle relaxant, and partial opioid agonist medications. The treatment plan included an updated MRI of the lumbar spine due to new symptoms and prior recommendation to monitor. On 9-22-2015, the original utilization review non-certified a request for a repeat 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:

Repeat MRI to 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 Chapter.

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/MRI (magnetic resonance imaging) Section.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a post-operative lumbar MRI on 7/11/08 and there are no significant neurological interval changes that would warrant a repeat MRI at this time. The request for repeat MRI to the lumbar spine is determined to not be medically necessary.