

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0193146 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 06/22/2011 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 46 year old female, who sustained an industrial injury on 6-22-11. The injured worker is being treated for history of herniated disc at L4-5 with left sided L5 radiculopathy, status post discectomy. (MRI) magnetic resonance imaging of lumbar spine performed on 10-22-15 revealed left laminotomy and microdiscectomy change at L4-5, disc prominence at left foraminal region, left central disc protrusion at T12-L1 and subcutaneous fluid collection with surgical tract likely representing a seroma. Treatment to date has included physical therapy, oral medications including Norco, Soma Percocet, Neurontin and Protonix; lumbar epidural steroid injections, surgical discectomy, Toradol injections and activity modifications. On 8-17-15, the injured worker complains of continued lower back pain with radiation down the left lower extremity. She is currently not working. Physical exam performed on 8-17-15 revealed well-healed surgical scar, spasm about the left lower lumbar area, Laseque test if positive on left, tenderness present about the left lower lumbar region and restricted range of motion due to pain. On 8-25-15 a request for updated (MRI) magnetic resonance imaging of lumbar spine was submitted. On 9-3-15 request for updated (MRI) magnetic resonance imaging of lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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 - Lumbar and Thoracic MRI's.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). 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. In this case the patient had lumbar spine MRI on October 22, 2015. Since that time the documentation in the medical record does not support the presence of red flags or any significant progressive neurological deficit. There is no change in the physical examination. Medical necessity has not been established. The request is not medically necessary.