

Case Number:	CM15-0200152		
Date Assigned:	10/15/2015	Date of Injury:	10/19/2001
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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 54 year old male, who sustained an industrial injury on 10-19-2001. A review of the medical records indicates that the worker is undergoing treatment for failed back syndrome of the lumbar spine, chronic low back pain and depression due to chronic pain. Subjective findings (06-30-2015 and 08-25-2015) included low back pain radiating to the right thigh that was 8 out of 10 on average and 10 out of 10 at worst with pins and needles, weakness in the right leg and inability to walk more than 1 block due to pain. Objective findings (06-30- 2015 and 08-25-2015) showed pain on both side of the L3-L5 region at the lumbar facets and lumbar paraspinal muscles, palpable nodules in taut bands, decreased range of motion of the lumbar spine and decreased sensation to light touch and pinprick in the right L3 and L4 dermatomal distribution. The physician noted that the injured worker was referred for spinal cord stimulator removal due to increased pain and inability to obtain MRI with the spinal cord stimulator in place. Spinal cord stimulator was removed on 09-01-2015. Subjective complaints (09-08-2015) included low back pain radiating to the right thigh rated as 8 out of 10 on average and 10 out of 10 at worst with pins and needles in association with pain, right leg weakness and inability to walk more than 1 block without pain. Objective findings were not documented. Treatment has included Methadone, Dilaudid, Gabapentin, lumbar epidural steroid injections, nerve blocks and spinal cord stimulator placement. The physician noted that an MRI of the lumbar spine was being requested due to increased pain. A utilization review dated 09-28-2015 non-certified MRI of the lumbar spine without contrast.

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 without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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. In this case, there is no evidence of nerve impairment, or other red flags that would warrant the use of a lumbar MRI. The request for MRI of the lumbar spine without contrast is determined to not be medically necessary.