

Case Number:	CM15-0205381		
Date Assigned:	10/22/2015	Date of Injury:	01/11/2002
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old female who sustained an industrial injury on 1-11-2002 and has been treated for low back pain. She is status post anterior and posterior spinal fusion at L5-S1 level performed 10-13-2014. Documented treatment includes physical therapy, Norco, and Klonopin. A letter written by the physician dated 7-22-2015 states that the injured worker had shown improvement but had recently developed increasing lumbar spine pain without symptoms of radiculopathy. An x-ray dated 7-8-2015 was noted to have shown solid fusion, but areas of radiolucency around the L4-5 screws. A CT scan performed 10-6-2015 stated "mild rotatory levoscoliosis apexes at the level of L3-4; vertebral body heights normal; and paravertebral soft tissues unremarkable." This was documented as being compared to an MRI performed 2-22-2014. On 10-7-2015, the physician progress note states that the injured worker reported increased low back pain. The treating physician's plan of care includes a request for authorization submitted 10-7-2015 for an MRI of the lumbar spine with no contrast, which was non-certified on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine no contrast: 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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury in January 2002 and underwent a multilevel lumbar decompression and fusion in October 2014. She initially did well after surgery and in May 2015 was not having significant lumbar pain. In July 2015, she had developed increasing low back pain over six weeks. A CT scan was requested to evaluate her fusion and was done on 10/06/15 with findings of a solid fusion and was compared with an MRI scan in September 2014. No additional imaging was requested by the interpreting radiologist. When seen, the CT scan result was reviewed. She was having increasing back pain. No physical examination was recorded. A lumbar MRI without contrast was requested. Guidelines indicate that a repeat MRI of the lumbar spine 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). In this case, the claimant has back pain, which has already been evaluated by CT scan. There are no reported complains or physical examination findings that would support the need to obtain a lumbar MRI. The request is not medically necessary.