

Case Number:	CM15-0206966		
Date Assigned:	10/23/2015	Date of Injury:	05/05/2014
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 5-5-14. The injured worker reported back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for cervical and lumbar radiculopathy. Medical records dated 9-25-15 indicate "increased low back pain." Provider documentation dated 9-25-15 noted the work status as "remain off-work." Treatment has included oral steroids, status post bilateral L4-S1 foraminotomy. Objective findings dated 9-25-15 were notable for lumbar spine with tenderness and decreased range of motion, positive straight leg raise at 30 degrees bilaterally. The original utilization review (10-13-15) denied a request for MRI of the lumbar spine with IV 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 with IV contrast: 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 (Acute & Chronic).

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 section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had recently undergone lumbar surgery with lingering post-surgical low back pain, but without radicular symptoms, according to the recent notes. Also, the physical findings from recent examinations showed only a positive straight leg raise test, which isn't reliable alone. No further neurological examination was noted as having been performed. There were also no reports of how effective the physical therapy and other conservative methods were. Therefore, there appears to not be sufficient evidence to justify MRI lumbar spine, and it will not be considered medically necessary at this time.