

Case Number:	CM15-0207774		
Date Assigned:	10/26/2015	Date of Injury:	11/28/2001
Decision Date:	12/15/2015	UR Denial Date:	09/18/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male who sustained an industrial injury on November 28, 2001. Medical records indicated that the injured worker was treated for chronic back pain. His medical diagnoses include lumbar 5 to sacral 1 fusion, lumbar 4 to lumbar 5 disc protrusion with mild degeneration and rule out lumbar 5 to sacral 1 pseudoarthrosis. In the provider notes dated August 4, 2015 to August 21, 2015 the injured worker complained of low back and left lower extremity pain with numbness, tingling and weakness in the left leg. He states the pain is worse in the evening and is worse with any physical activity especially bending over. He describes the pain as aching, nagging, sharp shooting and throbbing and his states his symptoms are always present and varies in intensity. He rates his pain from 1 to 6 on the pain scale. He states his pain has continued to worsen over recent years. He states he is interested in further workup and revision if necessary. On exam, the documentation noted a mild antalgic gait. The documentation states "lower extremities demonstrate close to grade" 5 out of 5 "strength throughout. Bilateral Babinski are down going. No clonus, Negative straight leg raising, No hyperflexia." X-rays of the lumbar spine dated August 4, 2015 noted "status post anterior surgical fusion" of Lumbar 5 to Sacral 1. There is "no change" from December 23, 2013. The documentation noted magnetic resonance imaging (MRI) was done November 2014 stating lumbar 4 to lumbar 5 "shows a broad based disc protrusion resulting in neuroforaminal stenosis." Lumbar 5 to Sacral 1 "has the anterior fusion; however, there does not appear to be solid bridging fusion. There are some chronic inflammatory Modic changes within the vertebrae of" lumbar 5 and Sacral 1. The treatment plan is for a new MRI and CT to check adjacent discs and fusion at lumbar 5 and sacral 1. Previous treatments include medication management, chiropractic care, trigger point injections, physical therapy, TENS and rest. A Request for Authorization was submitted for a computed tomography (CT) and

magnetic resonance imaging (MRI) of the lumbar spine. The Utilization Review dated September 18, 2015 denied the request for CT and 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:

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low back- Lumbar & Thoracic (Acute & Chronic) CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back chapter, CT.

Decision rationale: The patient presents with chronic lower back pain and failed lower back syndrome following fusion of L5/S1. The current request is for CT scan of the lumbar spine. The treating physician report dated 8/26/15 discusses the multiple medications required to help control pain levels. There is no discussion provided regarding the medical rationale for this request. The patient previously had surgery in 2006. The lumbar MRI report dated 11/1/14 revealed disc protrusion at L3/4 and IVF stenosis at L4/5. The MTUS guidelines do not address CT scans. The ODG guidelines support CT scans but there is specific criteria for CT scans. ODG only supports CT scan following spine trauma with equivocal or positive plain films, neurological deficits, fractures, myelopathy, pars defects and to evaluated successful fusion if plain films do not confirm fusion. There is no documentation that there is a potential failed fusion and the ODG criteria for lumbar CT scan are not found in the medical records provided. The current request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low back- Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back chapter, MRI.

Decision rationale: The patient presents with chronic lower back pain and failed lower back syndrome following fusion of L5/S1. The current request is for MRI of the lumbar spine. The patient previously had surgery in 2006. There is a lumbar MRI report dated 11/1/14 that revealed a disc protrusion at L3/4 and IVF stenosis at L4/5. There is no documentation of any progressive neurological changes, significant changes or pathology and there are no red flags present. The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, 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). In this case the treating physician has failed to document any findings that would warrant a repeat MRI. The current request is not medically necessary.