

Case Number:	CM15-0209367		
Date Assigned:	10/28/2015	Date of Injury:	05/29/2008
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury May 29, 2008. Diagnoses are post-laminectomy pain syndrome, lumbar; lumbar radiculopathy; chronic pain syndrome. According to a primary treating physician's progress report dated September 14, 2015, the injured worker presented for follow-up with complaints of constant lower back pain, radiating down both legs, with numbness and tingling. He rated his pain 10 out of 10 without medication and 5 out of 10 with medication. Current medication included Celebrex, Lyrica, Norco, and Omeprazole. Objective findings included; 5-5 strength bilateral lower extremities, positive straight leg raise left at 30-45 degrees in L5-S1 distribution, negative right; moderate pain with lumbar extension, mild to moderate palpable spasms, bilateral paraspinous musculature with positive twitch response; antalgic gait, left, walks with walker. The physician documented an x-ray of the lumbar spine shows no new fractures and previous lumbar laminectomy and fusion in place (not dated). Treatment plan included continuing medication, continue conservative therapy as the injured worker declined a SCS (spinal cord stimulator) placement, urine drug screen obtained and no aberrant behavior noted, encouraged to increase physical activity and lose weight. At issue, is the request for authorization dated September 16, 2015, for an MRI of the lumbar spine. According to utilization review dated September 25, 2015, the request for an MRI of the lumbar spine is non-certified.

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 due to increased low back pain and left leg radicular pain:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine due to increased low back pain and left leg radicular pain is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it 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 findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are post laminectomy pain syndrome lumbar; lumbar radiculopathy; and chronic pain syndrome. Date of injury is May 29, 2008. Request for authorization is September 16, 2015 (date of receipt). According to a September 14, 2015 progress note, the injured worker subjectively complains of low back pain that radiates down both legs. Pain is constant and throbbing. Pain medications improve pain. Medications include Celebrex, Colace, Lyrica, Norco and omeprazole. Objectively, motor strength lower extremities is 5/5 with positive straight leg raising on the left. There are palpable spasms bilaterally in the lumbar region with a positive twitch response. The injured worker ambulates with an antalgic gait and walks with a walker. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Lumbar spine radiographs showed no fractures, but the previous lumbar laminectomy and fusion were stable. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no unequivocal neurologic findings on physical examination, MRI of the lumbar spine due to increased low back pain and left leg radicular pain is not medically necessary.