

Case Number:	CM15-0021452		
Date Assigned:	02/11/2015	Date of Injury:	10/19/2011
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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 22 year old male who sustained an industrial injury on October 19, 2011. He has reported left leg pain and low back pain and has been diagnosed with status post lumbar fusion and S1 joint arthropathy. Treatment has included medical imaging, surgery, medications, and an epidural injection. Currently the injured worker had pain with palpation over the left low back area and over the left S1 joint. There was also pain with extension and rotation. Treatment included a pain specialist and medication management. On January 29, 2015 Utilization Review non certified MRI lumbar with and without spine citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with and without spine: 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) -Workers' Compensation, Treatment Index, 11th Edition (web), 2014, Low Back, MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low back section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine 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 or sufficient evidence to warrant imaging in patients that have not responded to treatment and who would consider surgery an option. See the ODG for details. In this case, diagnoses the injured workers working diagnoses are status post lumbar fusion; and S I joint arthropathy. Subjectively, the injured worker states continued low back pain has been getting worse since January 18, 2015. He underwent L5 -S1 microdiscectomy June 2014. Objectively, the incision is well-heeled overlying lumbar spine, there is no gait disturbance, reflexes in the knees and ankle a 1+, sensation is grossly intact, there is tenderness to help patient over the left lower back area and over the left SI joint. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or objective findings suggestive of significant pathology. The documentation does not contain significant change in symptoms or objective medical findings suggestive of significant pathology. Consequently, absent a significant change in symptoms and signs, (repeat) MRI lumbar spine is not medically necessary.