MAXIMUS Federal Services

Case Number:	CM15-0027314		
Date Assigned:	02/19/2015	Date of Injury:	03/22/2011
Decision Date:	03/31/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/12/2015

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: Ohio, North Carolina, Virginia
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 62 year old female, who sustained an industrial injury on 3/22/2011. The diagnoses have included spinal stenosis lumbar region, sciatica, post laminectomy syndrome of lumbar region and scoliosis. Treatment to date has included bilateral transforaminal epidural steroid injections (4/28/2014 and 10/08/2014) with 70% improvement in symptoms. She is status-post L5-S1 interbody fusion (undated). X-rays of the lumbar spine dated 1/07/2014 revealed S shaped scoliosis, severe disc and bony degenerative changes with slight retrolisthesis and L5-S1 fusion. Magnetic resonance imaging (MRI) of the lumbar spine dated 3/11/2013 showed a central and left sided interbody cage exiting off the S1 screw on the left, which could be closely approximated to vascular elements rendering some risk for hardware removal, no obvious breach of the medical wall of any of the pedicles, retrolisthesis of L2 and L3 with disc space narrowing and some prominent epidural fat which crowds the canal mildly. Currently, the IW complains of worsened low back pain and bilateral leg pain, left more than right. Objective findings included tenderness over the right paraspinals at L5-S1. There was a positive bilateral straight leg raise test. There was decreased sensation over the left L5 and S1 dermatome and limited lumbar range of motion on extension. On 2/06/2015, Utilization Review non-certified a request for repeat magnetic resonance imaging (MRI) of the lumbar spine with and without contrast noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 2/12/2015, the injured worker submitted an application for IMR for review of MRI lumbar spine with and without 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 and without dye: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Lower Back (Acute & Chronic)

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

Decision rationale: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this instance, the injured worker had an MRI scan of the lumbar spine nearly 2 years ago and it appears the consulting surgeon is considering hardware removal. Complicating the decision making calculus is the presence of a hardware screw poised precariously near pelvic vasculature. A repeat MRI scan of the lumbar spine with and without contrast is therefore medically necessary to gauge the injured worker's potential surgical risk for the removal of fusion hardware. The misplaced fusion screw represents significant pathology, the status of which must be known preoperatively.