

Case Number:	CM15-0214369		
Date Assigned:	11/04/2015	Date of Injury:	11/08/2012
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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 53 year old male, who sustained an industrial injury on 11-08-2012. The injured worker is being treated for lumbar radiculopathy, lumbago and status post lumbar spine fusion. Treatment to date has included surgical intervention (posterior lumbar L4-5 fusion, 8-29-2013), physical therapy, medications, diagnostics including radiographic imaging and electrodiagnostic testing, lumbar support, cortisone injections and medications. X-rays of the lumbar spine dated 9-09-2015 showed status post bilateral laminotomy with discectomy and intervertebral cage spacer placement at L4-L5. Posterior fusion with intact hardware. There is grade I spondylolisthesis of L4 on L5 and mild degenerative disc disease L5-S1. Per the Primary Treating Physician's Progress Report dated 9-23-2015, the injured worker presented for orthopedic follow-up. He reported lower back pain rated as 6 out of 10 with associated numbness and tingling in the bilateral legs and feet. The pain is aggravated with bending and prolonged walking to 8 out of 10. He is not currently taking any medications. Objective findings included palpable muscle spasm next to the spinous processes. Flexion to 45 degrees and extension to neutral, lateral flexion 10 degrees bilaterally. Work status was temporarily totally disabled. The plan of care included diagnostics and authorization was requested on 10-14-2015, for magnetic resonance imaging (MRI) lumbar spine with and without contrast. On 10-22-2015, Utilization Review non-certified the request for 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 Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition (web), 2015, Low Back, MRIs.

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 lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine with and without contrast 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 lumbar radiculopathy; lumbago; and status post lumbar spine fusion. Date of injury is November 8, 2012. Request for authorization is October 4, 2015. According to a new patient orthopedic spine evaluation dated July 13, 2015, subjective complaints of low back pain 6/10 with numbness and tingling in the bilateral legs and feet. Objectively, there is palpable spasm with decreased range of motion lumbar spine. Motor function is grossly normal. The treating provider has requested all prior medical records and treatment to date. The treating provider is requesting EMG/NCV, magnetic resonance imaging of the lumbar spine with and without contrast. Documentation indicates the injured worker had prior lumbar surgery and likely an MRI of the lumbar spine. The treating provider does not have prior medical records and diagnostic testing (has requested all prior records) to date. The injured worker has not received recent conservative treatment (i.e. physical therapy). Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no prior medical record and diagnostic testing review, no documentation indicating a significant change in subjective symptoms and objective physical findings suggestive of significant pathology and no recent conservative treatment, MRI of the lumbar spine with and without contrast is not medically necessary.