MAXIMUS Federal Services

Case Number:	CM15-0218567		
Date Assigned:	11/10/2015	Date of Injury:	09/27/1990
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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
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 an 84 year old male, who sustained an industrial injury on 9-27-1990. According to physician documentation, the injured worker was diagnosed with chronic lumbar radiculopathy, status post fusion T11 (thoracic) to the sacrum and probable neurogenic bladder with suprapubic catheter. Subjective findings dated 9-8-2015, were notable for complaints of urinary retention, change in bowels, urine in blood and chronic neck and back pain stating he cannot ambulate without the use of his rolling walker. Objective findings dated 10-7-2015, were notable for tenderness upon palpation in the upper, mid and lower paravertebral muscles with marked limitation of motion. An MRI of the lumbar spine was performed on 10-21-2015, which revealed foraminal encroachment at L5 (lumbar)-S1 (sacral) of the right side, moderate to severe spinal stenosis at L4-L5, and an MRI of the pelvis was performed revealing fusion of the lumbar spine to the sacrum, irregular enlarged prostate with a TURP (transurethral resection of the prostate) defect with a suprapubic tube being present in the bladder. Treatments to date have included medication, a TURP, back brace and a walker. The Utilization Review determination dated 10-23-2015 did not certify retrospective treatment/service requested for an MRI of the pelvis (dated 10-7-2015 to 12-20-2015) and an MRI of the lumbar spine with GAD (dated 10-7-2015 to 12-20-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute and Chronic): MRI, (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Chapter under MRI.

Decision rationale: Based on the 10/7/15 progress report provided by the treating physician, this patient presents with increasing low back pain radiating to bilateral buttocks/thighs/lower extremities over the past several months. The treater has asked for One MRI of the pelvis on 10/7/15. The patient's diagnoses per request for authorization dated 10/7/15 are chronic lumbar radiculopathy, s/p fusion T1 to the sacrum, probably neurogenic bladder with suprapubic catheter. The patient continues with his suprapubic catheter and ambulates with a rolling walker per 10/7/15 report. The patient is unable to walk unassisted without the use of his rolling walker per 10/7/15 report. The patient is s/p unspecified low back disc surgery from December 2010 but continued to be unable to urinate per 9/8/15 report. The patient is also s/p unspecified cervical surgery from 2014, and s/p left total knee replacement from 2005 per 9/8/15 report. The patient is currently totally disabled from gainful employment per 10/7/15 report. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films. Indications for imaging; Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities. Osteonecrosis. Occult acute and stress fracture. Acute and chronic soft-tissue injuries. Tumors. Exceptions for MRI; Suspected osteoid osteoma (See CT). Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). The treater is requesting "MRI of the pelvis, which will help guide our treatment" per 10/7/15 report. Review of the reports does not show any evidence of prior MRI of the pelvis. Utilization review letter dated 10/23/15 denied the request as pelvic exam shows no abnormalities or red flags. Physical exam of the bilateral pelvis per 10/7/15 report showed no tenderness to palpation, no irritability and no pain with resisted straight leg raise or axial compression, full and symmetric range of motion. In this case, there are no discussions of suspected osseous, articular or soft-tissue abnormalities, occult acute and stress fracture, acute and chronic soft-tissue injuries, or tumors, for which an MRI of the hip would be indicated. In addition, there is no indication of previous X-rays of the pelvis. Therefore, the request is not medically necessary.

One MRI of the lumbar spine with GAD: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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 chapter, under MRIs.

Decision rationale: Based on the 10/7/15 progress report provided by the treating physician, this patient presents with increasing low back pain radiating to bilateral buttocks/thighs/lower extremities over the past several months. The treater has asked for One MRI of the lumbar spine

with GAD on 10/7/15. The patient's diagnoses per request for authorization dated 10/7/15 are chronic lumbar radiculopathy, s/p fusion T1 to the sacrum, probably neurogenic bladder with suprapubic catheter. The patient continues with his suprapubic catheter and ambulates with a rolling walker per 10/7/15 report. The patient is unable to walk unassisted without the use of his rolling walker per 10/7/15 report. The patient is s/p low back disc surgery from December 2010 but continued to be unable to urinate per 9/8/15 report. The patient is also s/p unspecified cervical surgery from 2014, and s/p left total knee replacement from 2005 according to the 9/8/15 report. The patient is currently totally disabled from gainful employment per 10/7/15 report. ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC, Low back chapter, under MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The treater is requesting "gadolinium MRI of the lumbar spine which will help guide our treatment" per 10/7/15 report. Review of the reports does not show any evidence of recent lumbar MRIs. The patient is s/p T1-sacrum fusion from December 2010 but review of reports does not show a post-fusion MRI of lumbar or thoracic spines. Utilization review letter dated 10/23/15 denies request due to lack of clear physiologic evidence of specific nerve dysfunction. A physical exam per requesting 10/7/15 report showed tenderness to palpation in upper, mid and lower paravertebral muscles, limited range of motion, and straight leg raise and rectus femoris stretch sign causing pain in the lower back. In this case, the patient has persistent radicular back pain with lower extremity symptoms. As there is no evidence of prior imaging, the requested lumbar MRI is reasonable for further evaluation. Therefore, the request is medically necessary.