

Case Number:	CM15-0219684		
Date Assigned:	11/12/2015	Date of Injury:	12/26/2004
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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 a 69 year old male, who sustained an industrial injury on 12-26-04. Medical records indicate that the injured worker is undergoing treatment for chronic low back pain, lumbar spinal stenosis, lumbar degenerative disc disease, lumbar four-lumbar five arthropathy and multilevel neural foraminal stenosis. The injured worker was retired. On (9-29-15) the injured worker complained of worsening low back pain with radiation to the hip and leg. Associated symptoms include weakness, giving away and stabbing pain. The pain was rated 8-9 out of 10 on the visual analog scale. The injured worker was noted to have a decrease in function since the prior visit. The symptoms were worse during activity and after activity. The symptoms are aggravated by repetitive use, reaching overhead, prolonged sitting and standing, climbing stairs, bending, walking lifting and pulling. The symptoms were better with rest and medications. Objective findings revealed the injured workers gait to be slightly antalgic bilaterally. Examination of the lumbar spine revealed tenderness at lumbar four-lumbar five and lumbar five-sacral one. Limited flexion and extension was noted. Treatment and evaluation to date has included medications, MRI of the lumbar spine (2013), ice applications and a transcutaneous electrical nerve stimulation unit. The treating physician noted that the MRI of the lumbar spine from 2013 showed moderate spinal stenosis. The treating physician felt that the spinal stenosis may have progressed and recommended a repeat MRI of the lumbar spine. Current medications include Flexeril and Vicodin. The Request for Authorization dated 10-9-15 is for an MRI of the lumbar spine without contrast as an outpatient. The Utilization Review documentation dated 10-21-15 non-certified the request for an MRI of the lumbar spine without contrast as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), lumbar spine without contrast, as outpatient:

Overtured

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 chapter, under MRIs.

Decision rationale: The current request is for MRI (magnetic resonance imaging), lumbar spine without contrast, as outpatient. The RFA is dated 10/09/15. Treatment history include lumbar injection, ice pack, activity modification, physical therapy, TENS unit, and medications. The patient is retired. MTUS/ACOEM Guidelines, Low Back Complaints, 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." Official Disability Guidelines, 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per report 09/29/15, the patient presents with worsening low back pain which radiates into the hip and leg. Associated symptoms include weakness, giving away and stabbing pain. The treater reported a decrease in function during activities since last visit, and the patient cannot sit for more than one to two minutes without having to change position. Physical examination revealed antalgic gait, and tenderness at L4-5 and L5-S1. Limited flexion and extension was noted. MRI from 01/17/13 revealed moderate spinal stenosis at L4-5. The treater felt that the spinal stenosis may have progressively gotten worse, and recommended a repeat MRI of the lumbar spine for possible surgical intervention. In this case, the patient's condition has worsened and the treater would like further evaluation before surgery is considered. Given the patient's progressive symptoms, and possible surgical intervention, an updated MRI is appropriate. Therefore, the request is medically necessary.