

Case Number:	CM15-0221354		
Date Assigned:	11/16/2015	Date of Injury:	04/29/2005
Decision Date:	12/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 70 year old male, who sustained an industrial injury on 4-29-2005. The injured worker is undergoing treatment for: lumbar sprain, neck strain, and lumbar intervertebral disc disorder with radiculopathy. On 8-31-15, he reported low back and bilateral leg pain. Pain radiation is noted to be in the bilateral hips, buttocks and legs with numbness noted in the legs. Examination revealed full strength in the hips and lower extremities, a slow gait, intact sensation and normal reflexes. On 10-6-15, he reported low back pain rated 9 out of 10 and indicated there was pain radiation into the bilateral lower extremities down to the feet. Objective findings revealed a noted loss of range of motion, palpable muscle hypertonicity and tenderness, positive right straight leg raise testing, and decreased sensation in the feet. The treatment and diagnostic testing to date has included: blood work (8-17-15), rest, medications, urine toxicology (8-26-15), electrodiagnostic studies (4-1-15). Medications have included: Norco, and Lyrica. Current work status: modified and he is noted as not working. The request for authorization is for: MRI of the lumbar spine. The UR dated 10-20-2015: non-certified the request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic resonance imaging).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Recommended for indications below. 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). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. Indications for imaging: Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per the documentation submitted for review, physical exam dated 8/31/15 noted full strength in the hips and lower extremities, intact sensation and normal reflexes. Per 10/6/15 progress report, the injured worker reported low back pain rated 9/10 and indicated there was pain radiation into the bilateral lower extremities down to the feet. Straight leg raising test was positive on the right, and decreased sensation in the feet was noted. EMG of the lower extremities dated 4/1/15 noted a lumbosacral radiculopathy primarily involving L5, S1. The injured worker's clinical findings do not represent a significant change from previous electrodiagnostic study. An MRI is not supported. The request is not medically necessary.