MAXIMUS Federal Services

Case Number:	CM15-0030505		
Date Assigned:	02/24/2015	Date of Injury:	08/23/1988
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational 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 64-year-old female, with a reported date of injury of 08/23/1988. The diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatments have included oral medications and an MRI of the lumbar spine on 07/28/2012 which revealed degenerative disc disease at L4-5 and L5-S1 with 3mm disc protrusions, facet arthropathy and neuroforaminal narrowing. The comprehensive pain management consultation report dated 12/29/2014 indicates that the injured worker complained of pain in the lumbar spine. The pain radiated to the bilateral legs, upper back, neck, and upper extremities. The examination of the lumbar spine showed normal lordosis and alignment; diffuse lumbar paraspinous muscle tenderness; moderate facet tenderness at L3-S1; positive sacroiliac tenderness; positive Kemp's test; positive seated and supine bilateral straight leg raise test; and decreased range of motion. The treating physician requested a repeat MRI of the lumbar spine to evaluate potential or spinal interventions including injections or surgery. On 01/16/2015, Utilization Review (UR) denied the request for a repeat MRI of the lumbar spine, noting that there was no documentation of significant change in neurologic status that justifies repeating a lumbar MRI at the present time. The ACOEM Guidelines were cited.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, and 309.

Decision rationale: The MTUS states that 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 and option. Indiscriminate imaging will result in falls false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The ODT guidelines document that 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. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. Indications (ODG) for Magnetic resonance imaging (MRI):- 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. In this case there is no documentation of spinal trauma or myelopathy with neurologic deficit that represents a significant change in symptoms or findings suggestive of significant pathology that would meet the criteria for a repeat lumbar MRI. There is no documented weakness or motor deficits. There does not appear to be any consideration for surgery. The request for MRI of the lumbar spine without documentation of progressive neurologic deficit is not medically necessary.