

Case Number:	CM15-0037455		
Date Assigned:	03/05/2015	Date of Injury:	01/20/1994
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/27/2015

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 60-year-old male, who sustained an industrial injury on 1/20/1994. The mechanism of injury was not noted. The diagnoses have included postlaminectomy syndrome, lumbar region. Treatment to date has included surgical (lumbar spinal surgery in 1998 and 1999) and conservative measures. Currently, the injured worker complains of worsening pain and spasticity in his right leg, right buttock, right hip, and bilateral low back. Pain was rated an average of 8/10 with medications and 10/10 without. Current medications included Oxycodone, Lyrica, Dexilant, Baclofen, Lidoderm patch, Lidoderm cream, and Morphine via intrathecal pump. Physical exam noted an antalgic gait. Lumbosacral exam noted abnormal palpation spinal tenderness and positive straight leg raise test on the right. Recent diagnostics were not noted or referenced. On 2/24/2015, Utilization Review non-certified a request for an open magnetic resonance imaging of the thoracic spine, and non-certified a request for an open magnetic resonance imaging of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium - Magnetic Resonance Imaging (MRI) is not recommended for Acute, Sub-Acute and Chronic radicular pain syndromes.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines low back and thoracic chapter has the following regarding MRIs.

Decision rationale: The patient has a date of injury of 01/20/94 and presents with right leg, right buttock, right hip and bilateral low back pain. The patient is status post lumbar surgery in 1998 and repeat surgery in 1999. The current request is for OPEN MRI OF THORACIC SPINE. The Request for Authorization is dated 02/13/15. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: "emergence of red flags, physiologic evidence of tissue insult, or neurologic dysfunction; failing to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month conservative therapy, sooner if there is severe or progressive neurological deficit."The patient reports worsening of pain and the treating physician recommends an MRI for further investigation. The medical file provided for review includes no MRI reports. The Utilization review references a prior MRI of the lumbar spine that revealed L4-5 disc bulge measuring 3mm, severe bilateral foraminal narrowing L5-S1 severe left and moderate right foraminal narrowing, mild grade 1 L3-4 listhesis. The date of this imaging is not indicated. In this case, the patient reports an increase in pain, but examination findings continually note muscle cramps, bone pain, joint pain and back pain. There are no neurological deficits noted on examination to warrant an MRI. The request is not in accordance with ACOEM/ODG Guidelines for special studies. This request IS NOT medically necessary.

Open MRI of lumbosacral spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium - Magnetic Resonance Imaging (MRI) is recommended for chronic low back pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient has a date of injury of 01/20/94 and presents with right leg, right buttock, right hip and bilateral low back pain. The patient is status post lumbar surgery in 1998 and repeat surgery in 1999. The current request is for OPEN MRI OF LUMBAR SPINE. The Request for Authorization is dated 02/13/15. ACOEM Guidelines, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging on patients who do not respond well to

treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG Guidelines provides a thorough discussion. ODG, under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. The patient reports worsening of pain and the treating physician recommends a MRI for further investigation. The medical file provided for review includes no MRI reports. The Utilization review references a prior MRI of the lumbar spine that revealed L4-5 disc bulge measuring 3mm, severe bilateral foraminal narrowing L5-S1 severe left and moderate right foraminal narrowing, mild grade 1 L3-4 listhesis. The date of this imaging is not indicated. In this case, the patient reports an increase in pain, but examination findings continually note muscle cramps, bone pain, joint pain and back pain. There are no neurological deficits noted on examination to warrant an MRI. The request is not in accordance with ACOEM/ODG Guidelines for special studies. This request IS NOT medically necessary.