

Case Number:	CM15-0047420		
Date Assigned:	03/19/2015	Date of Injury:	11/09/1995
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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 54 year old male, who sustained a work/industrial injury on 11/9/95. He has reported initial symptoms of lower back pain. The injured worker was diagnosed as having post laminectomy syndrome of lumbar region, major depressive disorder, displacement of lumbar intervertebral disc without myopathy, Lumbago. Treatments to date included medication, surgery, and diagnostics. Magnetic Resonance Imaging (MRI) demonstrated L5-S1 severe loss of disc height and moderate endplate spondylosis, moderate bilateral facet arthrosis and ligamentous hypertrophy at L3-4, stable appearing post surgical changes at L4-5 and L5-S1, mild paraspinal muscular atrophy, straightening of the normal lumbar lordosis, and no disc herniations. Currently, the injured worker complains of increasing pain in the low back and concerned about hardware in the lower back region. The treating physician's report (PR-2) from 2/24/15 indicated per exam that the injured worker complained of dizziness and headache, antalgic gait, normal muscle tone, lumbar extension at 10 degrees, flexion at 50 degrees, lateral bending at 10 degrees, right lateral bending at 10 degrees, sensation decreased in bilateral L4, right L5 dermatomes, positive straight leg raise bilaterally, and spasm and guarding in the lumbar spine. Medications included Cymbalta, Fioricet-bultalbitol, Ambien, Baclofen, Karamine cream, Morphine sulfate, Viagra, and Lovastatin. Treatment plan included a Lumbar Spine Magnetic Resonance Imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient is noted to have a recent increase in pain and is concerned about the hardware from a previous procedure. Neurologically, there are findings consistent with radiculopathy including decreased sensation and a positive SLR. In light of the above, the currently requested lumbar MRI is medically necessary.