

Case Number:	CM15-0053505		
Date Assigned:	03/27/2015	Date of Injury:	08/05/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 an industrial injury on August 5, 2014. He reported back pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbar spine stenosis, and vertebral compression fracture. Treatment to date has included x-rays, ultrasound, CT scan, physical therapy, home exercise program, back bracing, a walker for ambulation, rest, and pain and non-steroidal anti-inflammatory medications. An MRI of the lumbar spine was performed on October 29, 2014. On February 23, 2015, the injured worker complains of constant, aching lumbar radiating down the bilateral legs, greater on the right. Associated symptoms include numbness and tingling sensation in the bilateral lower extremities. The physical exam revealed normal strength in the bilateral lower extremities, negative bilateral straight leg raise, lumbar 4 midline severe pinpoint tenderness to palpation, pain with extension and flexion, lumbar-sacral orthosis (LSO) in place, and slowed ambulation. The treatment plan includes an appeal of the denial for an MRI of the lumbar spine to evaluate acute/subacute compression fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI (magnetic resonance imaging) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. MRI section.

Decision rationale: Per the Official Disability Guidelines, MRIs 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). In this instance, the injured worker had an MRI scan of the lumbar spine on 10-29-2014 which revealed an acute to subacute Schmorl's node to the L3 superior endplate with minor loss of height, there was also multi-level and multi-factorial changes through the lumbar spine with neural foraminal stenosis at L3-L4 and L4-L5. Since the time of this MRI scan, the treating physician had requested authorization for a vertebral kyphoplasty. That request has so far been denied. The physician is requesting a repeat MRI scan of the L/S spine. Since the MRI scan of 10-29-2014, the injured worker continues to have a normal neurologic exam to the lower extremities. There is x-ray evidence of good healing of the previously described vertebral compression fracture. Thus, there has been no significant change in symptoms or physical findings. Therefore, a repeat MRI scan of the lumbar spine without contrast is not medically necessary.