

Case Number:	CM15-0055514		
Date Assigned:	03/30/2015	Date of Injury:	01/12/2011
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/23/2015

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 37 year old male, who sustained a work/ industrial injury on 1/12/11. He has reported initial symptoms of right sided low back pain. The injured worker was diagnosed as having spinal stenosis, and congenital spondylolisthesis. Treatments to date included medication, and surgery (anterior and posterior spinal fusion at L4-5 and L5-S1 with an L5 gill laminostomy). Magnetic Resonance Imaging (MRI) was performed on 4/2/12. X-ray's were performed on 8/27/12. Currently, the injured worker complains of right low back pain that radiated intermittently to the right leg to the knee. The treating physician's report (PR-2) from 1/14/15 indicated coordination was intact, no weakness or sensory deficit, deep tendon reflexes were intact, and full strength/sensation in the lower extremities. Treatment plan included 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 the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute; Back - Lumbar & Thoracic (Acute & Thoracic).

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 was injured on 01/12/2011 and presents with low back pain and right anterior thigh pain. The request is for an MRI OF THE LUMBAR SPINE. The utilization review denial rationale is that the claimant has complicated low back pain with prior lumbar surgery and until such time as nonunion or hardware issues are ruled out. This would not be considered uncomplicated low back pain due to prior lumbar surgery. Once that is ruled out as the claimant still has significant leg symptoms, perhaps an MRI would be indicated. At this point; however, it is not clear if this is uncomplicated back pain and the request for the MRI is not consistent with guidelines. There is no RFA provided and the patient has the following work restrictions: "No lifting/pushing/pulling greater than 15 pounds, no bending, sit/stand as tolerated." The utilization review denial letter states that the patient had undergone lumbar surgery approximately 13 months ago. He had an anterior and posterior spinal fusion at L4-L5 and L5-S1 together with an L5 Gill laminectomy. Review of the reports provided does not indicate the patient had a MRI after his surgery. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who did not respond well to re-treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if severe or progressive neurologic deficit." The patient has tenderness on the lower back and is diagnosed with bilateral L5 spondylosis, L4-L5 spondylosis, and status post anterior/posterior spinal fusion at L4-S1 with L5 Gill laminectomy. No further positive exam findings are provided. Given that the patient has not had a MRI of the lumbar spine after his surgery and continues to have chronic low back pain, the requested MRI of the lumbar spine is medically necessary.