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| Case Number: | CM15-0056431 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 06/27/2008 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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(n) 47 year old female, who sustained an industrial injury on 6/27/08. She reported pain in the lower back and right ankle. The injured worker was diagnosed as having lumbar spondylosis, right lower extremity radicular symptoms and chronic myoligamentous lumbar spine strain. Treatment to date has included physical therapy and pain medications. As of the PR2 dated 2/17/15, the injured worker reports 7-8/10 pain at rest and with activity in her lower back with radiation to the right lower leg. Current medication brings pain down to 5-6/10. The treating physician requested an MRI of the lumbar spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine without dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 2/7/15 progress report provided by the treating physician, this patient presents with ongoing low back pain extending to the right leg/ankle/foot with numbness/tingling, pain rated 7-8/10 at rest or with activity, and pain rated 5-6/10 with medication use. The treater has asked for Mri Lumbar Spine Without Dye on 2/7/15, "given the patient's radicular complaints and findings today." The patient's diagnoses per request for authorization form dated 2/23/15 are joint pain-ankle, and chronic pain syndrome. The 9/2/14 report requested a lumbar spine MRI "to determine if there is underlying pathology that would account for the patient's ability to progress and/or her radicular symptoms." The patient is s/p X-ray of the L-spine on unspecified date, which showed "mild degenerative changes at L4-5 and L5-S1 region" per 7/14/14 report. The patient is s/p right ankle arthroscopy with synovectomy and lateral collateral ligament reconstruction from 8/6/11, "with continued functional limitations" as of 2/17/15 report. The patient has not had a prior lumbar spine MRI per review of reports dated 7/14/14 to 2/17/15. The patient's work status is permanent and stationery as of 2/17/15 report. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)." ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient has not had a prior lumbar MRI. The patient does complain of radiating lower extremity symptoms with numbness/tingling, and physical exam findings show decreased strength in the right knee/ankle (4/5), but otherwise neurologically intact. However, the patient has also had a prior right ankle surgery from 2011, "with continued functional limitations." Given the lack of any prior MRI, persistent radiating leg symptoms along with lack of progress, an MRI of L-spine would appear reasonable to rule out potential radiculopathy. The request is medically necessary.