

Case Number:	CM15-0059141		
Date Assigned:	04/03/2015	Date of Injury:	08/04/2005
Decision Date:	05/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/28/2015

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:

This 46-year-old male sustained an industrial injury to the low back on 8/4/05. Previous treatment included magnetic resonance imaging, lumbar fusion, physical therapy, medications. In an orthopedic evaluation dated 2/5/15, the injured worker complained of ongoing low back pain, rated 4/10 on the visual analog scale, with radiation down the left leg. X-rays taken during the office visit were normal with solid lumbar fusion. Current diagnoses included low back pain with left lower extremity radiculopathy, L5-S1 ALIF, Prodisc L4-5 and cannot rule out cephalad junctional L3-4 pathology. The physician noted that he was unable to render the cause of the injured worker's pain. The physician stated that further evaluation of lumbago and radiculopathy into the left leg. Specifically, the physician wanted to visualize L3-4. The treatment plan included magnetic resonance imaging with metallic suppression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI with metallic suppression: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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.

Decision rationale: Per the 02/05/15 report by the requesting physician, [REDACTED] the patient presents with lower back pain radiating down the left leg s/p 06/14/12 lumbar surgery L5-S1 ALIF and L4-5 Prodisc-L TDR. The current request is for lumbar spine MRI with metallic suppression. The RFA is not included; however, the 03/09/15 utilization review states it is dated 02/08/15. The patient's work status is work with temporary restrictions, but it is not clear if the patient is currently working. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's 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)." The treating physician cites 02/05/15 radiographs of the lumbar spine and states the patient, "appears to radiologically stable, however for further diagnosis and treatment advanced imaging" is indicated for the evaluation of lumbago and radiculopathy in the left leg. Specifically, I am hoping to be able to visualize L3-4, not expecting to see much at L4-5 due to metallic artifact. The assessment and plan further states this request is because the treater is unable to render the cause of the patient's pain. In this case, the ODG guidelines state that MRI's are the test of choice for patients with prior back surgery. There is no evidence in the reports provided for review that the patient has received an MRI lumbar following 06/14/12 lumbar surgery. The request is medically necessary.