MAXIMUS Federal Services

Case Number:	CM15-0086589		
Date Assigned:	06/11/2015	Date of Injury:	01/30/2013
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/05/2015

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 61-year-old female with an industrial injury dated 01/30/2013. The mechanism of injury is documented as a fall with injury to lumbar spine/coccyx and right hip. Her diagnosis is grade 1 spondylolisthesis with spinal stenosis at lumbar 4-5 with right leg radiculopathy and instability. Prior treatment included physical therapy, medications, modified duties, referral to orthopedist, cane and diagnostics. She presents on 03/31/2015 for a follow up visit. The injured worker had a fall on her patio prior to this visit. She notes when she got up she was startled and then felt severe right leg numbness, weakness, and fell down, hitting her head. She noted increased back and leg pain. Physical exam noted two and lumbar paraspinous muscle spasm with tenderness to palpation along the muscles. She ambulated with a cane and her lumbar spine was forward flexed. Deep tendon reflexes were hyperreflexic at the knees and ankles. Sensation was decreased to light touch and pinprick in the lumbar 5-sacral 1 dermatome on the right. Straight leg raise was positive on the right. Nerve conduction study of the right lower extremity revealed evidence of mild acute lumbar 5 radiculopathy on the right. MRI of the lumbar spine dated 07/11/2013 showed mild disk desiccation with minimal grade 1 spondylolisthesis at lumbar 4-5 level. There was a 2 mm central disk bulge noted at the thoracic 12 - lumbar 1 level. No nerve root compression was identified. The formal reports are in the submitted records. Treatment plan included MRI of the lumbar spine and surgical intervention. This request is for MRI of 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 of the lumbar spine without dye: Upheld

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

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, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 3/13/15 progress report provided by the treating physician, this patient presents with increased back and leg pain, with severe right leg numbness/weakness and a recent fall. The treater has asked for MRI OF THE LUMBAR SPINE WITHOUT DYE but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization form dated 4/28/15 are grade 1 spondylolisthesis with spinal stenosis L4-5. The patient has not had a prior lumbar surgery per review of reports. The patient now has documented instability at L4-5 as well as neurologic findings and neurologic compression per 6/13/14 report. The patient has numbness/tingling down her bilateral legs per 6/13/14 report. The patient has worsening back and leg pain per 11/21/14 report. The patient is ambulating with a cane per 12/19/14 report. The patient's work status is temporarily and totally disabled as of 1/23/15 report. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment 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, 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)". The treater is requesting a repeat MRI of the lumbar, because "the insurance company delayed so long for the surgery that it has been over a year and she now needs a new MRI" per 12/19/14 report. The prior MRI of the lumbar dated 7/11/13 showed "a 2mm central disk bulge is noted. The bulging disk does not about the conus medullaris. No nerve root compression is identified. Mild disk desiccation without narrowing is seen at L3-4, L4-5, and L5-S1." Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Although the treater would like an updated MRI of the lumbar, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary.