

Case Number:	CM15-0087551		
Date Assigned:	05/11/2015	Date of Injury:	01/25/2001
Decision Date:	06/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 70 year old male with an industrial injury dated 01/25/2001. His diagnoses included low back pain, failed back surgery, and xanthelasma of eyelid, right carpal tunnel, right incomplete hemi sensory loss, lumbar radiculitis, stroke and lumbar spinal stenosis. Prior treatments included diagnostics and surgery. He presents on 03/19/2015 with complaints of pain in the back and legs with numbness in the feet for the past 6-8 months which is gradually getting worse. The provider documents the injured worker has been bed bound, spending 76% of time in bed due to pain. Physical exam noted the injured worker walked in the office and appeared to be in pain. Tenderness was noted at lumbar 4-5 paraspinal area. Lumbar spine MRI dated 02/24/2005 showed lumbar 4-5 disc lateral bulging. MRI of the lumbar spine (2008) showed lumbar laminectomy at lumbar 4-5. Treatment plan included a consult with neurosurgery for failed back surgeries, pain management and a repeat MRI before neurosurgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with and without contrast, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM are silent specifically regarding repeating MRIs for lumbar spine. ACOEM does recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "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)." "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of significant pathologies after the previous MRIs (2/24/05, 2008, 5/10) and Ct (10/18/13) leading towards the request for the second MRI. As such, the request for repeat MRI with and without contrast of lumbar spine is not medical necessary.