

Case Number:	CM15-0087797		
Date Assigned:	05/12/2015	Date of Injury:	12/21/2007
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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: Massachusetts
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 61 year old male who sustained an industrial injury on 12/21/2007. He reported lower back pain. The injured worker was diagnosed as having lower back pain. Treatment to date has included lumbar fusion with hardware removal in 2009 with persistent symptoms. Currently, the injured worker complains of a dull, sharp, achy, throbbing, cramping, shooting, and incapacitating pain inside all the way down to the knee. Rest, heat, and a break lessen the pain. His past medical history includes gastrointestinal issues. His current medications include Norco, Soma, Valium, Clonidine, and Crestor. On physical exam, the worker is able to stand on toes, and heels, and squat. The back shows no listing, there is slight increased pain with range of motion, Neurologic exam shows intact, and motor is 5/5 throughout. Deep tendon reflexes are 2+ and symmetrical. X-rays taken on 04/02/2015 with four views of the lumbar spine show an anterior plant, a significant tilt of L5 relative to S1 and L4, loss of disc height at the L4-L5 on the left side. A lateral view shows cage and the fusion at the L5-S1 level with some foraminal narrowing. The worker has persistent sciatica despite surgery. A Magnetic Resonance Imaging (MRI) of the lumbar spine with and without GAD is requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine with and without GAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM Occupational Medicine Practice Guidelines, Second Edition, Chapter 12, notes that unequivocal objective findings that indentify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery and option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ODG, Low Back Procedure Summary, Indications for MRI: Thoracic spine trauma with neurological deficit. Lumbar spine trauma with neurological deficit. Lumbar spine trauma, seat belt (chance) fracture (if focal , radicular findings or other neurologic deficit).Uncomplicated low back pain: suspicion of cancer, infection or "other red flags." Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurologic deficit related to spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease injured worker. Myelopathy, oncology injured worker. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for lumbar MRI nor does he have a physical exam, which would warrant the necessity of an MRI. There is no supporting documentation provided to warrant a lumbar MRI. Therefore, at this time, the requirements for treatment have not been met and therefore request is not medically necessary.