MAXIMUS Federal Services

Case Number:	CM14-0124234		
Date Assigned:	08/08/2014	Date of Injury:	10/04/2007
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old male who was injured on 10/4/2007, while he was reaching over pick up a case of meat when the patient felt a pop in the back. His medication history included Anaprox, Hydromorphone, Flexeril, Sentra AM Sentra PM and facet joint injections as needed. He has been treated conservatively with 8 certified physical therapy sessions, CPAP, aquatic program 2x a week and Chiropractic care. Diagnostic studies revealed MRI lumbar spine dated October 18, 2007 indicated L4-5 disc degeneration and broad based disc bulge of 4 mm revealed disc bulge at L5-S1 and degenerative changes at L4-5 and L3-4; mild bilateral neuroforaminal stenosis due to retrolisthesis of L5 severe disc degeneration and facet arthropathy at L5-S1. Progress report dated 5/13/2014 indicates the patient is having persistent pain. Objective findings during examination revealed bilateral tenderness and spasm of L3-S1 paraspinous muscles; examination of lumbar spine shows decreased range of motion extension is at 0 degree, flexion is at 20 degrees, bilateral lateral bending is at 5 degrees and rotation is at 10 degrees. The patient was diagnosed with lumbago, chronic pain syndrome, and degenerative disc disease lumbar spine and recommended for a MRI Lumbar spine. Prior utilization review dated 7/18/2014 by Dr. Sassoon states the request for MRI Lumbar spine is denied as the medical necessity has not been established. Reason given for request is as requested as per QME 11/11/13. There was a concurrent request for TENS trial and it is felt that outcome of this intervention should first be assessed as MRI is generally considered when conservative treatments have been unsuccessful and there is persistent unexplained radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines: Low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,Chronic Pain Treatment Guidelines Special Studies and Diagnostic Treatment Consideration Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: According to the ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and to whom surgery is considered an option. According to the records, the patient underwent lumbar MRI studies October 18, 2007. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review of the medical records does not reveal any significant change in the patient's symptoms or findings to suggest significant pathology is present. The request for repeat lumbar MRI is not medically necessary.