MAXIMUS Federal Services

Case Number:	CM14-0142759		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2003
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Interventional Spine 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 57-year-old female with date of injury of 02/20/2003. The listed diagnoses dated 07/30/2014 are mechanical low back pain, discogenic low back pain, and discogenic mid back pain. According to this PR-2, the patient reports pain flare-ups over the past months with increased pain in the lower back. She is unable to sit or lay for any periods of time. The patient reports poor sleep since the Lunesta has not been approved, and her pain level has increased. She reports severe side effects from Ambien. The objective findings show the patient transfers with stiffness and guarding. She ambulates with an antalgic gait due to stiffness in the legs. The patient has functional range of motion of the upper and lower extremities and 5/5 strength. Tenderness to palpation was noted in the spinous process in the cervical and lumbar region. The utilization review denied the request on 08/11/2014.

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 Page(s): 303-304,Chronic Pain Treatment Guidelines Functional MRI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Lumbar Sopine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with chronic low back pain therefore, treater is requesting an MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In addition, Official Disability Guidelines (ODG) states that the MRI is not recommended until at least after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The utilization review references an MRI of the lumbar spine performed on 10/07/2011 demonstrating transforaminal lumbar interbody fusion at L3-L4, L4-L5, and L5-S1 levels with posterolateral and arthrodesis, bilateral posterior rods, and transpedicular screw instrumentation, interbody fusion devices, laminectomy defects, and left facetectomy defects. This MRI referenced in the UR was not made available for review. The 07/30/2014 report notes functional range of motion of the upper and lower extremities and 5/5 strength. There is tenderness to palpation in the spinous process in the cervical and lumbar region. No significant changes were noted including sensory or neuralgic deficits that would suggest significant pathology. Furthermore, the treater does not report any new injury or trauma that would warrant an updated MRI. Therefore, the request is not considered medically necessary.