

Case Number:	CM14-0165252		
Date Assigned:	10/10/2014	Date of Injury:	05/02/2014
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine 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 34 year-old man who was injured at work on 5/2/2014. The injury was primarily to his back. He is requesting review of denial for a Repeat MRI with and without Contrast to the Lumbar Spine. Medical records corroborate ongoing care for his injuries. His records include the Primary Treating Physician's Progress Reports. His chronic diagnoses are listed as: Sciatica; and Lumbar Sprain/Strain. He was treated with opioids, NSAIDs, topical analgesics and muscle relaxants and had prior imaging studies performed. He presented to the emergency room on 5/3/2014 and had a CT scan of the lumbar spine which was read as normal. An MRI of the lumbar spine was subsequently performed on 6/19/2014. This MRI showed prior surgical changes at the L5-S1 level and fibrosis at the right S1 nerve root. In his office visit on 8/12/2014, the patient presented for recheck. He was having persistent symptoms of low back and right buttock pain. A repeat MRI was ordered for persistent symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI with and without contrast to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The Official Disability Guidelines comment on the use of MRIs for patients with Low Back Problems. These guidelines state the following: MRIs are recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. More specifically, regarding the question posed in this case, the guidelines comment on the use of repeat MRI. The guidelines state the following: 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). Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, 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, 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 (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient. The MTUS/ACOEM guidelines also comment on the use of imaging studies for patients with low back complaints. These guidelines state: "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 who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the patient has well-documented imaging studies there were done as recently as 6/19/2014. There is no evidence in the medical records that the patient has exhibited any of the red flag symptoms that warrant a repeat MRI study. The records indicate that the patient's symptoms are persistent; however, persistent symptoms alone are not sufficient to warrant the need for repeat imaging. In summary, there is no evidence that there has been a significant change in the patient's symptoms or findings on physical examination that warrants a repeat MRI of the Lumbar Spine with and without contrast. This study is not considered as medically necessary