

Case Number:	CM14-0170429		
Date Assigned:	10/20/2014	Date of Injury:	01/02/2007
Decision Date:	11/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of January 2, 2007. A utilization review determination dated September 16, 2014 recommends non-certification of an MRI of the lumbar spine with gadolinium. A progress note dated August 22, 2014 identifies subjective complaints of constant pain and discomfort in the lumbar spine, the patient rates his pain level at a 8/10, the pain is radiating down his lower extremities to his feet, there is no numbness or tingling in his lower extremities, his pain increases with prolonged sitting, standing, and walking for more than 30 minutes. The patient has difficulty bending forward, pushing, pulling, watching, kneeling, lifting, carrying, ascending, and descending stairs. The patient has problems with bowel and bladder incontinence. The patient uses a walker, cane, and he wheelchair. Physical examination of the lumbar spine identifies and antalgic gait favoring the right leg, the patient uses a walker, has pain and spasm with range of motion of the lumbar spine, straight leg raising his positive bilaterally with radiation of pain into bilateral ankles, and there is hypoesthesia noted bilaterally at the L4, L5, and S1 dermatomes. An x-ray of the lumbar spine taken on July 22, 2014 reveals an intradiscal implant between L3-L4 is protruding anteriorly by half the width of the implant, and there is some evidence of the fusion at L3-L4, L4-5, and L5-S1. There is a laminectomy from L4-L5. The neural foramina at L5-S1 appear narrowed. The diagnoses include status post lumbar spine surgery, intradiscal implant between L3-L4 is protruding anteriorly by half the width of the implant, neural foramina at L5-S1 appears narrowed, and right ankle sprain/strain. The treatment plan recommends an MRI of the lumbar spine with gadolinium to evaluate the soft tissues for causation behind the magnitude of the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with Gadolinium: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar spine MRI with gadolinium, Occupational Medicine Practice Guidelines state 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 an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any recent conservative treatment attempts and failures. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar spine MRI with gadolinium is not medically necessary.