

Case Number:	CM13-0043124		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2011
Decision Date:	01/14/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 50 year old male who was injured on 8/5/2011. The diagnoses are lumbar radiculopathy, sacroilitis, post laminectomy back syndrome, low back and left ankle pain. The past surgery history is significant for lumbar spine laminectomy fusion surgery in July, 2013. There are associated diagnoses of insomnia, depression and anxiety disorder. The patient completed PT, trigger points injections and home exercise program. Per [REDACTED], a 3/20/2014 CT of the lumbar spine showed multilevel disc bulges, foraminal stenosis and facet arthropathy. An MRI dated 4/1/2014 concurred with the findings. On 11/6/2014, [REDACTED] noted subjective complaints of low back pain associated with numbness and tingling sensation of the lower extremities. The pain score was rated at 9/10 on a scale of 0 to 10. There were objective findings of positive provocative tests for sacroiliac joint pain. There were sensory and motor deficits along the L5-S1 dermatomes. A request for lumbar epidural and sacroiliac joint injection is pending authorization. The medication is listed as Terocin patches and lotion. The medications listed by other prescribers are Ativan, Norco and Ambien. A Utilization Review determination was rendered on 10/18/2013 recommending non certification for MRI of the lumbar spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back.

Decision rationale: The CA MTUS and the ODG recommend that MRI can be utilized in the investigation of neurological deficits associated with chronic low back pain when clinical findings and plain radiological tests are inconclusive. The use of MRI is indicated for the evaluation of deteriorating neurological findings or the presence of red flag conditions. The records indicate that the patient had MRI and CT scan of the lumbar spine in April 2014. There are no subjective or objective findings indicative of deterioration of neurological status or the presence of red flag condition since the last MRI diagnostic test. The patient is utilizing the same medications for pain management. An Authorization for lumbar epidural and sacroiliac joint injections have already been requested without any MRI update. The criteria for MRI of the lumbar spine with or without contrast were not met. The request is not medically necessary.