MAXIMUS Federal Services

Case Number:	CM14-0133946		
Date Assigned:	08/25/2014	Date of Injury:	11/22/2002
Decision Date:	01/16/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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 injured worker (IW) is a 60-year-old man with a date of injury of November 22, 2002. The mechanism of injury was not documented in the medical record. The current diagnoses are recurrent herniated nucleus pulposus (HNP), L5-S1, with left lumbar radiculopathy; status post lumbar micro-lumbar discectomy, L5-S1, left (2007). There is one progress note in the medical record dated July 18, 2014. Pursuant to documentation, the IW complains of back and leg pain. The IW has a long time history of back pain. Since the back surgery in 2007, the back and leg symptoms have progressed. He has not had any new injury or trauma to the back since his original industrial injury. His ongoing medications were renewed. These consist of Ibuprofen, Neurontin, Norco, and Flexeril as needed for pain. Objective physical findings include tenderness to palpation of the left sacroiliac region. Sensation is diminished in the left L5 and S1 distributions, normal elsewhere. Motor strength is 5/5 in all groups. Straight leg raise testing is positive on the left and negative on the right. Heel and toe walk is intact, bilateral lower extremities. The IW had an MRI scan of the lumbar spine performed March of 2013. The findings demonstrate multilevel disc degeneration, with varying degrees of broad-based bulges and foraminal narrowing, primarily affecting L3-L4, and L4-L5 levels. At L5-S1, there is evidence of a prior laminotomy to L5-S1, left. There is now evidence of a recurrent disc herniation, L5-S1, central to the left. The treatment plan is to update the injured worker's diagnostic studies. The IW should undergo an updated MRI scan of the lumbar spine, with and without contrast at this time because his last study was more than 1 year old. The current request is 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 Lumbar Spine with Contrast: 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 (updated 07/03/2014) MRIs (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine with contrast is not medically necessary. Repeat MRI is not routinely recommended but should be reserved for a significant change in symptoms/signs and findings suggestive of significant pathology. Indications include, but are not limited to lumbar spine trauma, neurologic deficit; uncomplicated low back pain with radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficits any: uncomplicated low back pain, prior lumbar surgery; etc. In this case, the injured workers working diagnoses are recurrent herniated disc, L5 - S1, left with left lumbar radiculopathy; status post lumbar micro lumbar discectomy L5 - S1, left. The documentation in the medical record consists of a single progress note dated July 18, 2014. There is no new injury to the back. The injured worker has a longtime history of back and left leg pain dating back to the work injury of 2002. His ongoing medications were renewed. These include Flexeril 10 mg and Norco 10/325, the Neurontin 300 mg and Ibuprofen 600 mg. The physician states it has been greater than one year since his last MRI study and their plan is to update the patient's diagnostic studies. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The injured worker does not appear to have a significant change in symptoms and signs or findings suggestive of significant pathology. As noted above, there is a single progress note in the medical record for review and this is insufficient to make a determination for repeat MRI. Consequently, MRI lumbar spine with contrast is not medically necessary.

MRI Lumbar Spine with out Contrast: 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 (updated 07/03/2014) MRIs (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine without contrast is not medically necessary. Repeat MRI is not routinely recommended it be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications include, but are not limited to lumbar spine trauma, neurologic deficit; uncomplicated low back

pain with radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficits any: uncomplicated low back pain, prior lumbar surgery; etc. In this case, the injured workers working diagnoses are recurrent herniated disc, L5 - S1, left with left lumbar radiculopathy; status post lumbar micro lumbar discectomy L5 - S1, left. The documentation in the medical record consists of a single progress note dated July 18, 2014. There is no new injury to the back. The injured worker has a longtime history of back and left leg pain dating back to the work injury of 2002. His ongoing medications were renewed. These include Flexeril 10 mg and Norco 10/325, the Rockton 300 mg and Ibuprofen 600 mg. The physician states it's been greater than one year since his last study and their plan is to update the patient's diagnostic studies. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and signs and findings suggestive of significant pathology. The injured worker does not appear to have a significant change in symptoms and signs or findings suggestive of significant pathology. As noted above, there is a single progress note in the medical record for review and this is insufficient to make a determination for repeat MRI. Consequently, MRI lumbar spine without contrast is not medically necessary.