

Case Number:	CM14-0215034		
Date Assigned:	01/02/2015	Date of Injury:	02/26/1993
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following
 credentials: State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male with a date of injury of 02/26/1993. According to progress report dated 11/10/2014, the patient presents with chronic low back pain and has a history of lumbar laminectomy and discectomy without fusion. The patient describes the pain as moderate to 8/10 in the lower back, worse with activity and standing for long period of time. The patient has been participating in physical therapy. The patient states that the low back pain radiates into the bilateral lower extremities with intermittent achy pain over the right anterolateral foot. The patient currently rates his pain 4/10 on a pain scale. It was noted the patient has not had any recent diagnostic studies. Physical examination revealed the patient ambulates with a slight antalgic gait. There is tenderness to palpation in the lumbar paraspinous muscles and facets bilaterally. Range of motion was decreased in all planes with increase in pain on flexion, extension, and facet maneuvers bilaterally. Seated straight leg raise test is positive on the right, negative on the left. The patient has had radiographs of the lumbar spine from 02/04/2013, which showed previous lumbar laminectomy at L4-L5, partial laminotomy/laminectomy at L5- S1. There is evidence of degenerative disk at L4-L5 and L5-S1. There is spurring with degenerative facets at L4-L5 and L5-S1. The listed diagnoses are: 1. Lumbar degenerative disk bulge. 2. Radiating pain, lumbar radiculopathy. 3. Lumbar facet spondylosis. 4. Lumbago. 5. Muscle spasm, myalgia. 6. History of gout. 7. Right knee pain. Treating physician states that the patient has not undergone any advanced

diagnostic studies for many years and recommends a current MRI of the lumbar spine with and without contrast. The utilization review denied the request on 11/20/2014. Treatment reports from 07/15/2014 through 11/26/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: This patient has a history of lumbar laminectomy and discectomy without fusion and continues with chronic pain described as a moderate to deep ache in the lower back with radiating pain down to the lower extremities. The current request is for an MRI of the lumbar spine with and without contrast. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well 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." For this patient's now chronic condition, ODG guidelines provides a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The patient had radiograph of the lumbar spine following his surgery, which showed previous lumbar laminectomy at L4-L5, partial laminectomy/laminectomy at L5-S1, degenerative disk at L4-L5 and L5-S1 and spurring with degenerative facets at L4-L5 and L5-S1. ODG further states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." There is no new injury, no significant change in examination finding, no bowel/bladder symptoms, and no new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine IS NOT medically necessary.