

Case Number:	CM15-0011341		
Date Assigned:	01/29/2015	Date of Injury:	12/02/2007
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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 injured worker is a 37 year old female, who sustained an industrial injury on 12/02/2007. She has reported low back pain. The diagnoses have included chronic low back pain; lumbar discogenic disease; and status post lumbar fusion, with subsequent hardware removal. Treatment to date has included medications, TENS unit, and surgical intervention. Medications have included Anaprox, Prilosec, Norco, Zanaflex, and Neurontin. A progress note from the treating physician, dated 11/20/2014, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain; pain is described as severe and constant; pain is rated 10/10 on the visual analog scale; and medications help the pain and improve function. Objective findings included lumbar spine with spasm, painful and limited range of motion; positive straight leg raise on the left; pain on the left at L4-5 and L5-S1; and trigger elicited on the right. The treatment plan has included request for MRI of the lumbar spine; pain management referral; prescription for MS Contin; and follow-up evaluation in 6-8 weeks. On 01/14/2015 Utilization Review noncertified a prescription for Repeat MRI (magnetic resonance imaging) of the low back. The CA MTUS/ACOEM and ODG were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of a prescription for Repeat MRI (magnetic resonance imaging) of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI (magnetic resonance imaging) if the low back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 78-80, 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, 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 presents with chronic low back pain. The patient is status post lumbosacral fusion with recent hardware removal, date unknown. The treater is requesting REPEAT MRI MAGNETIC RESONANCE IMAGING OF THE LOWER BACK. The RFA dated 01/06/2015 shows a request for MRI of the lumbar spine. The patient's date of injury is from 12/02/2007, and her current work status is off work. The ACOEM Guidelines page 303 on MRI for back pain states 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 as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. The records do not show any previous MRI reports. The 11/20/2014 report shows that the patient has well-healed surgical incisions in the lumbar spine with spasm, painful range of motion as well as limited range of motion. Positive Lasegue's test on the left. Positive straight leg raising on the left at 60 degrees. Motor weakness was noted on the left at 4/5. Pain was reported on the left at L4-L5 and L5-S1. Trigger points elicited on the right. In this case, an MRI of the lumbar spine is supported by the ODG guidelines following lumbar spine surgery. The examination findings show clinical evidence of radiculopathy and the treating physician feels that an MRI scan will help with the treatment plan. The current request is medically necessary.