MAXIMUS Federal Services

Case Number:	CM15-0013239		
Date Assigned:	01/30/2015	Date of Injury:	08/05/2011
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: Hawaii, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male with an industrial injury dated 08/05/2011 when his left foot got stuck in a ditch and he fell backwards, hitting his head and back on the embankment. On 12/02/2014 he presented for follow up for back pain. He states with his medications his pain is a 2-3/10 and without his medications his pain is 8-9/10. Physical exam revealed deep tendon reflexes of 2 + on the right patellar and 1 + on the left patellar. There is tenderness to palpation in the paralumbar muscles. Reflex asymmetry was noted with decreased patellar reflex on the left as compared to the right.Prior treatment includes an ankle brace, chiropractic treatment, bilateral sacral 1 selective epidural steroid injection, medications and a TENS unit for one month. Diagnoses are low back pain, lumbar radiculopathy, neck pain, left foot and ankle pain.There is documentation by the provider dated 12/02/2014 of a lumbar MRI showing a right sacral 1 perineural cyst with associated chronic enlargement of the right sacral 1 neural foramen. Lumbar 4-5 and lumbar 5-sacral 1 showed degenerative disk disease. There is right foraminal lumbar 4-5 and dorsal lumbar 5-sacral 1 enhancing annular fissures. There is a mild right lumbar 4-5 foraminal stenosis. There is also documentation of EMG performed in March 2012 showing an abnormal study with chronic bilateral sacral 1 radiculopathies. On 01/14/2015 the request for lumbar spine was non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM are silent specifically regarding repeating MRIs for lumbar spine. ACOEM does recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG 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). Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of significant pathologies after the first MRI leading towards the request for the second MRI. As such, the request for Lumbar spine MRI is not medical necessary.