

Case Number:	CM15-0015963		
Date Assigned:	02/04/2015	Date of Injury:	05/15/1998
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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 61 year old male who sustained an industrial injury on 05/15/1998. Diagnoses include lumbar neuritis, artificial disc replacement-lumbar, anterior and posterior spinal fusion at L3-revision laminotomy and decompression of the right side at the L5-S1, and removal of the right L5 screw. Treatment to date has included conservative treatment. A physician progress note dated 12/17/2014 documents the injured worker has low back pain with radiated to the right and left leg, the right leg more severe. Left leg symptoms are limited to the buttock area. Right leg is quite symptomatic on straight leg raise. Motor strength testing reveals possible slight weakness of the right side at L5 and numbness into the L5-S1 distribution right side. Range of motion lumbar spine is painful on all movement. Treatment requested is for MRI (magnetic resonance imaging) without contrast for the lumbar spine. On 01/23/2015 Utilization Review non-certified the request for MRI (magnetic resonance imaging) without contrast for the lumbar spine, and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) without contrast for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with low back pain with radiated to the right and left leg, the right leg more severe. The request is for MRI (magnetic resonance imaging) without contrast for the lumbar spine. The RFA is not provided. Left leg symptoms are limited to the buttock area. Right leg is quite symptomatic on straight leg raise. Patient's diagnosis included status post lumbar fusion, L3 through S1, status post conversion of charite disk to an anterior fusion, L5 - S1. Continued right lower extremity radicular symptoms and neuropathic pain, lumbar neuritis, and artificial disc replacement-lumbar. X-ray of the lumbar spine revealed L3-sacrum anterior and posterior fusion with hardware. There were four rods with ten screws. Patient is permanent and stationary. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, " 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)". Review of medical records do not show a prior MRI of L-spine and the treater does not mention prior MRI. However, it would appear that the patient has been authorized for a CT scan which may be a better study to perform given all the hardware and question of fusion/arthroplasty. There is no need to perform both CT and MRI. All the metal, even if compatible with MRI, typically cause quite a bit of artifact. The request for MRI IS NOT medically necessary.