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| Case Number: | CM15-0016032 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 01/05/2010 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/22/2015 |
| 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 41 year old male, who sustained an industrial injury on 1/5/2010. He reports twisting injury to the right knee. Diagnoses include end stage osteoarthritis to the right knee, obesity, lumbago, depression and sciatica. Treatments to date include physical therapy, psychiatrist consultation and medication management. A progress note from the treating provider dated 12/30/2014 indicates the injured worker reported right knee and low back pain. On 1/22/2015, Utilization Review non-certified the request for lumbosacral magnetic resonance imaging, citing MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of The Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient was injured on 01/05/10 and presents with chronic low back pain, right leg numbness, right knee pain, and depression. The request is for a MRI of the Lumbar Spine without Contrast. The RFA is dated 01/12/15 and the patient is on temporary total disability. The patient has diffuse tenderness in the lower lumbar spine and mild spasm. Lumbar flexion brings fingertips to the level of the knees. Extension is 10 degrees, right and left lateral tilt 20 degrees with low back pain at each limit. The patient had a prior MRI of the lumbar spine on 09/01/10. For special diagnostics, ACOEM Guidelines page 303 states, "An equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. The reason for the request is not provided. The patient had a prior MRI of the lumbar spine in 2010 which revealed the following: 1. Reversal of the lumbar lordosis with hyperextension of the lumbosacral spine. Correlation with physical exam findings to differentiate syndrome is recommended. 2. A 3 mm retrolisthesis of L4 relative to L5 is noted in association with a total of 5 mm extension of disc material posterior from the L4-5 intervertebral disc; mild bilateral subarticular recess stenosis is noted. Correlation with the L5 dermatome is recommended. 3. At L5-S1, a 5 mm circumferential annular bulge with facet arthrosis is noted resulting in mild bilateral subarticular recess stenosis. Correlation with the S1 dermatome is recommended. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine IS NOT medically necessary.