

Case Number:	CM15-0116454		
Date Assigned:	06/24/2015	Date of Injury:	08/08/2006
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male with an industrial injury dated 08/08/2006. The mechanism of injury is documented as injury to his lower back while moving heavy boxes. His diagnoses included status post lumbar spine fusion (symptomatic) and non-union lumbar spine fusion. Prior treatment included physical therapy and epidural injections without significant relief. On 04/20/2010, he underwent lumbar surgery. He was also treated with medications. He presented on 05/11/2015 with sharp pain radiating to the leg. The pain was rated as 8. Physical exam noted difficulty standing from a seated position. The injured worker's gait revealed a limp favoring the left leg. Straight leg raise was positive. The pain is documented as "about the same." CT scan of lumbar spine dated 07/09/2014 showed foraminal stenosis of a moderate degree at lumbar 3-sacral 1. A solid posterior fusion was not seen at either level. The injured worker was status post anterior/posterior fusion at lumbar 3-4 and lumbar 4-5. Treatment request is for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Magnetic resonance imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant has a remote history of a work injury occurring in August 2006 and underwent a lumbar spine fusion in April 2010. When seen, his condition was about the same. He was having frequent sharp pain and hot sensations radiating into the left leg. Pain was rated at 8/10. He was having difficulty transitioning from a seated position. Left-sided straight leg raising was positive. A CT scan of the lumbar spine in July 2014 had been unable to confirm a successful spinal fusion. In this case, the claimant appears to have a possible failure of his spinal fusion. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent change in symptoms or findings suggestive of significant new pathology. Flexion/extension x-ray of the lumbar spine could be used to further assess the claimant's fusion. The requested MRI was not medically necessary.