

Case Number:	CM15-0121058		
Date Assigned:	07/01/2015	Date of Injury:	01/16/1997
Decision Date:	07/31/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 61 year old male who sustained an industrial lifting injury on 01/16/1997. The injured worker was diagnosed with chronic pain syndrome, disc displacement without myelopathy and anxiety disorder. The injured worker is status post lumbar decompression, posterior bilateral laminectomy with posterior fixation rod and screws (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience low back pain with radiation towards the right lower extremity with a numbness and tingling sensation. The report noted a Nerve Conduction Velocity (NCV) study (no date documented) was normal. Examination demonstrated normal range of motion without spinal process pain to palpation or percussion. Bilateral lower extremity motor strength and deep tendon reflexes were equal, symmetrical and within normal limits. Sensation and vascular were fully intact. No atrophy was noted. The injured worker was administered Toradol 60mg and Phenergan 50mg intramuscularly at the office visit. Current medications are listed as Vicoprofen, Percocet, Alprazolam and Lunesta. Treatment plan consists of refill Xanax and Dexilant, stop Percocet and Vicoprofen and start Talwin NX and the current request for a lumbar spine magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are chronic low back pain; disk displacement without myelopathy lumbar spine; chronic pain syndrome; generalized anxiety disorder; dysphagia; and abdominal pain epigastric. The date of injury is January 16, 1997. Request for authorization is May 28, 2015. The progress note dated March 27, 2015 contains the request for a lumbar magnetic resonance imaging. According to the March 27, 2015 progress note, subjectively the injured worker complains of low back pain that radiates to the bilateral lower extremities with numbness and tingling. Objectively, there is normal range of motion, no tenderness palpation and negative straight leg raising and a normal motor examination. There are no neurologic findings. EMG/NCV performed on February 20, 2015 were normal. The documentation states the injured worker does "not trust the study" (EMG/NCV) and is requesting to be referred for MRI. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging. Consequently, absent clinical documentation with unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging or red flags, MRI of the lumbar spine is not medically necessary.