

Case Number:	CM15-0123948		
Date Assigned:	07/08/2015	Date of Injury:	01/09/2014
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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 29-year-old male who sustained an industrial injury to his lower back on 01/09/2014 when pulling roots from the ground. The injured worker was diagnosed with facet arthropathy and possible lumbosacral radiculopathy. Treatment to date has included diagnostic testing, physical therapy, lumbar epidural steroid injection times 2, home exercise program and medications. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience low back pain. The injured worker rates his pain level at 3-4/10. Examination of the lumbar spine demonstrated lumbosacral paraspinal muscle spasm with tenderness over the left lower lumbosacral facet joints. The injured worker exhibited an antalgic gait. Motor strength of the lower extremities was 5/5. Straight leg raise in a sitting position produced tightness in the left low back area. Current medications are listed as Relafen and Robaxin. The injured worker has returned to work with restrictions. Treatment plan consists of medication regimen, diligent home exercise program and the current request for a repeat magnetic resonance imaging (MRI) without contrast of the low back and a Neurosurgeon consultation for a second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI without contrast of the Low Back: 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), Low Back chapter.

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 without contrast 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 low back pain; facet arthropathy; and possibility of lumbosacral radiculopathy. The request for authorization is dated May 1, 2015. A progress note dated April 21, 2015 states the treating provider is requesting an MRI of the lumbar spine. An MRI of the lumbar spine was previously performed May 17, 2014. The MRI results show disc desiccation with a 4 mm broad-based left disc protrusion at the L4-L5 level that encroaches on the ventral aspect of the thecal sac and descending left L5 nerve root; and a 3mm disc desiccation with a 4 mm broad-based left disc protrusion at the L5-S1 level that encroaches on the ventral aspect of the thecal sac and descending right S1 nerve root. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. According to the April 21, 2015 progress note, there are no significant changes in symptoms and/or objective findings. There was no neurologic evaluation on that date. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. Consequently, absent clinical documentation with a significant change in symptoms and or objective findings, no neurologic evaluation or red flags, and guideline non-recommendations for repeat MRI absent compelling clinical facts, MRI of the lumbar spine without contrast is not medically necessary.

Neurosurgeon 2nd Opinion Consultation: 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), Low Back chapter: Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, neurosurgeon second opinion consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are low back pain; facet arthropathy; and possibility of lumbosacral radiculopathy. The request for authorization is dated May 1, 2015. A progress note dated April 21, 2015 states the treating provider is requesting an MRI of the lumbar spine. An MRI of the lumbar spine was previously performed May 17, 2014. The MRI results show disc desiccation with a 4 mm broad-based left disc protrusion at the L4-L5 level that encroaches on the ventral aspect of the thecal sac and descending left L5 nerve root; and a 3mm disc desiccation with a 4 mm broad-based left disc protrusion at the L5-S1 level that encroaches on the ventral aspect of the thecal sac and descending right S1 nerve root. According to a February 9, 2015 progress note, the injured worker underwent a second opinion neurosurgical consultation. The engine worker sustained a low back injury. The injured worker symptoms were improving with activity and there were no abnormal neurologic findings. Presently, according to an April 21, 2015 progress notes, the injured worker wants another opinion from another neurosurgeon for a surgical evaluation. The injured worker has previously seen (as noted above) a neurosurgeon for a second opinion. There is no clinical indication for a third consultation with a different neurosurgeon based on the clinical symptoms and signs. There was no neurologic evaluation on the April 21 try 15 progress note. There were no red flags and there were no unequivocal objective findings that identify specific nerve compromise. Consequently, absent clinical documentation with red flags, unequivocal objective findings that identify specific nerve compromise and compelling clinical facts indicating a third consultation is appropriate, neurosurgeon second opinion consultation is not medically necessary.