MAXIMUS Federal Services

Case Number:	CM15-0125090		
Date Assigned:	07/09/2015	Date of Injury:	07/03/2007
Decision Date:	08/05/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: Family Practice

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 60-year-old male, who sustained an industrial injury on 7/03/2007. He reported low back pain from lifting irrigation pumps all day. A history of low back pain was noted. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostics, lumbar spinal surgery in 2008, physical therapy, injections, and medications. Currently (5/27/2015), the injured worker complains of severe back pain with radiation to both lower extremities, rated 8/10 and present for years. Motor exam noted full strength throughout the lower extremities and diminished sensation in a non-dermatomal distribution to both lower extremities. Deep tendon reflexes were 3+ at the knees and ankles. His gait was antalgic. Imaging studies were documented as "none current." The treatment plan included magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Tables 12-1 and 12-3; and Algorithm 12-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Acute & Chronic MRIs.

Decision rationale: The MTUS/ACOEM guidelines comment on the evaluation of patients with low back complaints. These guidelines include an assessment for the presence of red flag symptoms, which may indicate the presence of a serious underlying condition. These red flags are described in Table 12-1. In this case, the medical records do not document the presence of any of these red flags. The MTUS guidelines also recommend a physical examination be done to assess for the presence of lumbosacral nerve root dysfunction. The level of nerve root dysfunction should correspond to the physical examination findings described in Table 12-3. The last documented examination was notable for full strength in the lower extremities, normal/symmetric deep tendon reflexes and no evidence of a sensory neuropathy. The MTUS guidelines also comment on the evaluation of slow-to-recover patients with an occupational low back complaint. In a patient with no evidence of nerve root compromise, imaging is not recommended (Algorithm 12-3). Further, the Official Disability Guidelines comment on the indications for MRI imaging of the lumbosacral spine. The indications for an MRI are as follows: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the records indicate that the patient has undergone MRI imaging of the lumbosacral spine in 2007, 2009 and 2014.
The medical records indicate that there has been no substantive change in the symptoms or physical examination findings since the last MRI. In summary, the patient has undergone prior MRI imaging of the lumbosacral spine. The medical records do not indicate the presence of any red flag symptoms such as described in the above-cited MTUS/ACOEM guidelines. Further, there are no documented physical examination findings suggestive of nerve root compromise. For these reasons, an MRI of the lumbar spine is not considered as medically necessary. In the Utilization Review process approval was given for plain films of the lumbosacral spine. This action is consistent with the above cited guidelines. Therefore, the requested treatment is not medically necessary.