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| Case Number: | CM15-0170299 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 07/21/1994 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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, Pain Management, Occupational 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:

This 64 year old male sustained an industrial injury to the low back on 7-21-94. Previous treatment included lumbar fusion (1999), removal of hardware (2000), physical therapy, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In an initial consultation dated 8-5-15, the injured worker complained of constant low back pain, rated 7-10 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation to bilateral paravertebral regions at L2-L4 and bilateral sacroiliac joints, with restricted and painful range of motion, positive bilateral straight leg raise and 5 out of 5 lower extremity strength with intact sensation and deep tendon reflexes. The injured worker walked with an antalgic gait. Current diagnoses included lumbar failed back surgery syndrome and lumbar spine radiculopathy. The treatment plan included magnetic resonance imaging lumbar spine preceded by laboratory studies (BUN and creatinine). On 8-10-15, Utilization Review noncertified a request for magnetic resonance imaging lumbar spine noting lack of documentation of significant current findings on exam that reflect pathology or a recent change in status or function. Utilization Review noncertified a request for laboratory studies (BUN and creatinine) prior to magnetic resonance imaging with contrast noting that without certification of imagining, the requested lab work was not indicated.

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 with and without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Work-Relatedness, Special Studies.

Decision rationale: MTUS 2009 recommends that imaging studies such as MRIs be reserved to evaluate neurologic compromise or red flag diagnoses. This individual has undergone a spinal fusion and removal of hardware in the past with ongoing pain. There are no records which document whether an imaging study has been done after the removal of hardware. Adhesions may be responsible for these residual symptoms and warrant further evaluation. Contrast is needed in order to assess for the presence of adhesions. Therefore, this request for an MRI with and without contrast is medically necessary.

BUN and Creatinine prior to MRI with contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nephrogenic systemic fibrosis: a serious late adverse reaction to gadodiamide Henrik S Thomsen Department of Diagnostic Radiology 54E2, Copenhagen University Hospital at Herlev.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: There are no specific applicable guidelines for screening lab studies prior to administering IV contrast for an imaging study. However, kidney function is important to assess prior to administering contrast. Therefore, the laboratory testing for BUN and Creatinine are medically necessary.