MAXIMUS Federal Services

Case Number:	CM15-0171062		
Date Assigned:	09/11/2015	Date of Injury:	01/23/2005
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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

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 is an 88-year-old female worker who was injured on 1-23-05. The medical records reviewed indicated the injured worker (IW) was treated for lumbosacral spine sprain, strain with multilevel disc bulges, hypertrophic changes and narrowing of the neural foramina; bilateral lower extremity radiculopathy. The most recent record (7-14-15) showed the IW had pain and stiffness in the lumbar spine radiating down both lower extremities, with numbness, tingling and weakness in the legs. She had difficulty walking and used a cane for assistance. The IW reported significant difficulty performing daily activities, ambulating and taking care of herself. She could no longer drive or run errands. She felt unstable and had nearly fallen on several occasions. The IW was permanent and stationary. On physical examination (3-31-15 to 7-14-15 records), there was tenderness and spasticity in the lumbar para-axial musculature with referred pain to the buttocks and lower extremities. Range of motion was limited in all planes, straight leg raise was positive bilaterally at 40 degrees and Lasegue's was positive bilaterally. Extensor hallucis longus, extensor digitorum longus and tibialis anterior strengths were grade 3 out of 5 bilaterally and patellar and Achilles reflexes were trace bilaterally. Sensation was decreased in the bilateral L4, L5 and S1 dermatomes. The progress notes (3-31-15 to 7-14-15) indicated the IW's condition and level of function was unchanged. Treatments to date included medication (Ibuprofen) and cane use. The previous MRI of the lumbar spine was performed on 3-24-09. A Request for Authorization dated 8-6-15 asked for an MRI of the lumbar spine. The Utilization Review on 8-14-15 denied the request for an MRI of the lumbar spine because the CA MTUS 2009 ACOEM and ODG guidelines were not met.

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 Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with diagnoses that include lumbosacral spine sprain, strain with multilevel disc bulges, hypertrophic changes and narrowing of the neural foramina; bilateral lower extremity radiculopathy. The patient currently complains of increasing pain and stiffness in the lumbar spine radiating down both lower extremities, with numbness, tingling and weakness in the legs. The patient has difficulty walking and ambulates with a cane. The current request is for a MRI of the lumbar spine. An MRI of the lumbar spine was performed on 3/24/09, results indicated a 4.1 mm right paracentral disc protrusion at L1-2; a 2.8 mm broad based circumferential posterior osteophyte complex at L2-3; a 2.8 broad based circumferential posterior osteophyte complex at L3-4; a 3.1 mm broad based circumferential posterior osteophyte complex at L4-5 and 2.8 mm of anterolisthesis of L5 over S1. The treating physician requests on 7/14/15 (18C), "an updated MRI scan of the lumbar spine to assess her current anatomy and any progression of the pathology." The physician notes the patient has increased pain and symptomology to her lumbar spine and is having significant difficulty performing ADLs and ambulating along with feeling of extreme instability and has almost fallen several times. MTUS and ACOEM guidelines do not address repeat MRI scans. The ODG guidelines state, "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)." The guidelines do not support routine MRI's in the absence of significant change in symptoms and/or findings suggestive of significant pathology. Such is not demonstrated in this patient. The current request is not medically necessary.