

Case Number:	CM15-0171545		
Date Assigned:	09/11/2015	Date of Injury:	05/21/2006
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
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

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:

The injured worker is a 48 year old male who sustained an industrial injury on 5-21-06 when he slipped and twisted his upper body to prevent a fall. The pain was on the left side of his body. Diagnoses include chronic lumbar back pain, status post lumbar surgery (8-10-10) for a left L4-5 laminectomy and discectomy; chronic thoracic and cervical myofascial pain; chronic neuropathic pain of the left upper and lower extremities; chronic abdominal-pelvic pain, related to lumbar condition; chronic depression; impotence related to Cymbalta; dysphagia; defecation and urinary urgency related to lumbar injury; left eye pain, left ear hearing loss, dry mouth; bruxism and gingival problems possibly due to gabapentin; pruritis; diabetes. The injured worker is currently (6-15-15) not working and complains of burning left leg pain from the knee to the foot; neck pain; upper and lower back pain; left heel pain; dysuria with left sided penal pressure; itching on the left side of his body. The 8-3-15 psychiatric note indicates that the injured worker is frustrated as he was not receiving his psychotropic or pain medications. The provider indicates that the injured worker has a lot of pain, feels depressed and sleeps about 3-5 hours with frequent awakenings. On 7-23-15 a qualified medical re-evaluation was done and within that report was a report dated 8-7-13 noting the injured worker continues with neck, upper and lower back pain; left knee and leg pain; abdominal pain; left arm pain. Pain level was not enumerated in any of the documents. On physical exam there was lower thoracic and lumbar tenderness and spasm with decreased range of motion; bilateral sacroiliac tenderness, left greater than right with left inguinal tenderness. He uses a cane for ambulation. Treatments to date include medications: (current) Cymbalta, trazadone, baclofen, clonazepam; past medications: Norco. In the progress note dated 6-15-15 the treating provider's plan of care included a request for MRI of the lumbar spine since the last scan was 5 years ago and his symptoms have progressively worsened. On 8-

4-15 utilization review evaluated and non-certified the request for MRI of the lumbar spine based on no new evidence of new or progressive neurological deficits from the original injury in 2006.

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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRIs (magnetic resonance imaging).

Decision rationale: The 48 year old patient complains of neck pain, upper back pain, lower back pain, and left foot pain, as per progress report dated 07/22/15. The request is for MRI OF THE LUMBAR SPINE. The RFA for this case is dated 07/22/15, and the patient's date of injury is 05/21/06. The patient is status post L4-5 laminectomy and discectomy on 08/10/10, as per progress report dated 07/22/15. Diagnoses also included chronic thoracic myofascial pain, chronic cervical myofascial pain, chronic left upper and lower extremity neuropathic pain, chronic abdominal/pelvic pain, chronic depression, impotence, chronic left knee pain, problems with defecation, urinary incontinence, and Diabetes. Medications, as per progress report dated 07/20/15, included Cymbalta, Baclofen, Trazodone, and Clonazepam. The patient is not working, as per progress report dated 07/20/15. ACOEM Guidelines, chapter 8, Low Back Complaints 2004 and Special Studies, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, the patient has had a lumbar MRI in the past. The results of this study are not available for review. However, the prior MRI appears to be associated with the L4-5 laminectomy and discectomy, dated 08/10/10, as the treater states in the 07/22/15 progress report that the patient has not had any imaging study in the last five years and his condition has progressively worsened during this time. Nonetheless, physical examination, as per progress report dated 07/22/15, only revealed paralumbar tenderness from L1 to L5-S1. In progress report dated 07/20/15, the treater is requesting for a repeat MRI "due to his ongoing complains of pain..." In the report, the treater states that the patient is complaining of urinary and rectal incontinence. However, the treater does not "expect any cord damage at L4-L5 level," and wants the patient to consult a urologist for the problem. Additionally treater states that while the patient has multiple positive Waddell's, the straight leg raise is negative. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Additionally, there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Hence, the request IS NOT medically necessary.

