

Case Number:	CM15-0174578		
Date Assigned:	09/16/2015	Date of Injury:	11/10/2009
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male, who sustained an industrial-work injury on 11-10-09. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, lumbar disc herniation, lower leg knee pain, muscle spasms, low back pain with radiculopathy and sacroiliitis. Medical records dated (2-6-15 to 8-7-15) indicate that the injured worker complains of pain in the left hip, left arm, and pain that radiates to the low back into the left leg. The pain is described as a burning sensation that comes and goes, a serious ache and a pain that worsens upon rising in the morning. The pain decreases with medication and rest. The pain increases and decreases. The pain is rated 4 out of 10 with use of medications and 8 to above 10 without medications. The medical records also indicate worsening of the activities of daily living due to the pain. Per the treating physician report dated 4-7-15 the injured worker has not returned to work. The physical exam dated from (7-9-15 to 8-7-15) reveals restricted and slow range of motion of the lumbar spine due to pain, pronounced difficulties with forward flexion and backward extension, lumbar spinal and paraspinal tenderness, and lumbar facet tenderness at L4-S1. There is positive straight leg raise on the left and the injured worker uses a cane to ambulate. The physician indicates that the injured worker has worsening pain with left side radiculopathy and recommends updated Magnetic Resonance Imaging (MRI) of the lumbar spine for evaluation. Treatment to date has included pain medications, failed physical therapy, failed use of Transcutaneous electrical nerve stimulation (TENS) percutaneous electric nerve stimulation (PENS) with 60 percent improvement in pain, home exercise program (HEP), and other modalities. There are no recent lumbar Magnetic Resonance Imaging (MRI) reports noted.

The request for authorization date was 8-12-15 and requested service included Magnetic Resonance Imaging (MRI) of lumbar spine. The original Utilization review dated 8-19-15 non-certified the request as there are no red flag conditions, no neurological abnormalities on exam to support any tissue insult or neurological dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. Indications for imaging Magnetic resonance imaging: 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted for review notes that the injured worker has been having a worsening of radicular pain which periodically radiates down the left leg. The medical records do not contain a previous MRI or note when one was previously performed. I respectfully disagree with the UR physician's assertion that there are no neurological abnormalities, as the injured worker's neuropathic pain is bad enough that they are seeking treatment for it. I also disagree with the UR physician's assertion that "if there is a problem that is felt to be due to nerve root irritation and the reports show that there is no explanation for the complaints, an electrodiagnostic study would be much more appropriate than a new lumbar MRI." As MRI is more sensitive and specific for radicular pathology, MRI may inform procedural/surgical management. The request is medically necessary.

