

Case Number:	CM15-0026486		
Date Assigned:	02/18/2015	Date of Injury:	09/24/1997
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male sustained a work related injury on 09/24/1997. According to a progress report dated 01/06/2015, chief complaints included low back pain with bilateral leg pain and lower leg numbness. X-rays of the lumbar spine showed L5-S1 fusion and screws. Surgeries included L5-S1 lumbar laminectomy with fusion. Physical examination revealed tenderness over the ileolumbar area and bony prominence over the left lateral process L4/L5. There was ileolumbar tenderness with flexion at the waist to knee and on extension. There was decreased pin sensation of lower legs left greater than right along the L5 distribution. Left leg raise was positive producing leg to foot pain. Deep tendon reflexes were +1 and equal. Diagnoses included lumbar spondylosis, post laminectomy pain syndrome, bilateral IT band inflammation, depression and chronic pain syndrome. The provider requested a MRI of the lumbar spine for root nerve irritation. On 01/22/2015, Utilization Review non-certified MRI of the lumbar spine. According to the Utilization Review physician objective findings on examination did not include evidence of neurologic dysfunction such as sensory reflex or motor system change with any evidence of radiculopathy. The injured worker was not presented as having a neurologic dysfunction or as a surgical candidate. There was no presenting evidence of a physiologic study being done showing evidence of radiculopathy. CA MTUS ACOEM Practice Guidelines Chapter 12, page 303 was referenced. The decision was appealed for an Independent Medical Review.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for lumbar MRI is not medically necessary.