

Case Number:	CM15-0061570		
Date Assigned:	04/07/2015	Date of Injury:	04/09/1999
Decision Date:	05/06/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 67 year old male, who sustained an industrial injury on April 9, 1999. He reported a back injury. The injured worker was diagnosed as having chronic lumbosacral strain, multilevel lumbar spondylosis, herniate disc at right lumbar 3-4 with inferior extruded disc fragments, status post microdiscectomy at left lumbar 4-5 in 2001, and status post lumbar laminectomy at lumbar 5-sacral 1 in 1993. Treatment to date has included MRI, x-rays, electrodiagnostic studies, and medications. On March 20, 2015, the treating physician noted the injured worker continued with back and right leg complaints. The physical exam revealed the injured worker walks without a limp with walking, list or pelvic obliquity. Heel and toe walking was intact. There was decreased range of motion in all planes, no motor weakness of the lower extremities, and decreased sensation in the right leg, absent reflexes at the knees and ankles, bilateral uncomfortable straight leg raise, and no tenderness or spasm of the lumbar spine and paraspinal musculature. The treatment plan includes an MRI of the lumbar spine.

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 w / wo contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine with and without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured workers working diagnoses are chronic lumbosacral strain; multilevel lumbar spondylosis; herniated disc L3 - L4 on the right with inferior extruded disc fragments; status post microdiscectomy L4 - L5 on the left; abdominal aneurysm (non-industrial) and status post lumbar laminectomy L5 - S1 1993. Subjectively, according to a March 20, 2015 progress note, the injured worker had an MRI later than one year ago approximately March 2014. The treating physician feels the injured worker needs up-to-date MRI to evaluate the injured worker's current complaints. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no discussion of a change or development of significant new symptoms or objective findings suggestive of significant pathology. Objectively range of motion is 10% of normal in all planes, neurologic evaluation of the lower extremities shows no motor weakness, straight leg raising is uncomfortable at 60 bilaterally and there is no localized tenderness or spasm in the lumbar spine. Consequently, absent compelling clinical documentation with significant development of new symptoms or objective findings suggestive of significant pathology and unequivocal objective findings that identify specific nerve compromise on the neurologic examination, MRI lumbar spine with and without contrast is not medically necessary.