MAXIMUS Federal Services

Case Number:	CM15-0071043		
Date Assigned:	04/21/2015	Date of Injury:	01/18/2005
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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 63 year old female, who sustained an industrial injury on 1/18/05. She reported pain in her neck and lower back. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, displacement of thoracic intervertebral disc without myelopathy and chronic pain syndrome. Treatment to date has included back surgery, a home exercise program and pain medications. As of the PR2 dated 3/9/15, the injured worker reports pain in her low back and neck. The treating physician noted tenderness over the mid-line of the lumbar spine and the sacroiliac joints on the right side. She also has a positive straight leg raise test on the right. The treating physician requested a lumbar MRI.

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 QTY: 1.00: 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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability

guidelines Lower back: Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: The patient presents with pain in the low back and right leg pain. The request is for an MRI OF THE LUMBAR SPINE QTY: 1. The provided RFA is dated 03/10/15 and the patient's date of injury is 01/18/15. The diagnoses include lumbar post-laminectomy syndrome, displacement of thoracic intervertebral disc without myelopathy and chronic pain syndrome. Per 03/09/15 report, physical examination revealed tenderness over the midline of the lumbar spine SI joint on the right side. There is positive straight leg raise test. Treatment to date has included back surgery, a home exercise program and pain medications. The patient's work status is unavailable. ACOEM Guidelines, chapter 8, 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, chapter Lower back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs),' do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. Per 03/09/15 report, treater states, "MRI due to recent fall and increased radicular symptoms in the right leg." ODG recommends for a repeat MRI "only if there has been progression of neurologic deficit." In this case, physical examination revealed tenderness with a positive straight leg raise test and radiculopathy. While the patient has taken a fall, there are no significant changes in the patient's clinical presentation to warrant another MRI. There are no red flags either. The request IS NOT medically necessary.