MAXIMUS Federal Services

Case Number:	CM15-0071080		
Date Assigned:	04/21/2015	Date of Injury:	07/01/2011
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
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 40 year old female, who sustained an industrial/work injury on 7/1/11. She reported initial complaints of back pain with radiation to the extremities. The injured worker was diagnosed as having lumbago; s/p right L3-4 laminectomy and decompression, L4-5 herniated nucleus pulposus with right lower extremity radiculitis. Treatment to date has included medication, diagnostics, physical therapy, orthopedic consultation, and surgery (subtotal hemi-laminectomy, decompression, foraminotomy on 12/7/12). MRI results were reported on 10/16/12. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 10/16/12. Currently, the injured worker complains of residual symptoms of the lumbar spine with radiation to the lower extremities (R>L). Per the orthopedic re-evaluation on 2/12/15, the chronic back pain was noted with restrictions in standing flexion and extension. Strength and sensation were normal in the lower extremities. The injured worker had right sided radicular pain in the L5 nerve root. The requested treatments include MRI of the lumbar spine with and without contrast as an outpatient.

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 with and without contrast as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 7/10. The request is for MRI OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST AS AN OUTPATIENT. The request for authorization is dated 03/18/15. Physical examination of the lumbar spine reveals pain and tenderness right across the iliac crest into the lumbosacral spine. There is right side radicular pain in the L5 root. Seated nerve root test is positive. Standing flexion and extension are both restricted and painful. Circulation in the lower extremities is full. Sensation and strength are normal. The patient's pain is worsening. The pain is characterized as sharp. The pain is aggravated by bending, lifting, twisting, pushing, prolonged sitting and walking multiple blocks. She has already had six lumbar epidural blocks, and is advised against any further injections. The patient's work status is not provided. ODG guidelines, Low back chapter, 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 further state the following regarding MRI's, "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, neuro-compression, recurrent disc herniation)." Per progress report dated 02/12/15, treater's reason for the request is "if she is interested in proceeding with some sort of intervention, then an updated MRI would be advised." In this case, subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. Based on submitted documentation and discussions there does not appear to be a valid reason for an updated MRI. Therefore, the request IS NOT medically necessary.