

Case Number:	CM15-0074302		
Date Assigned:	04/24/2015	Date of Injury:	09/14/1998
Decision Date:	05/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old male, who sustained an industrial injury on September 14, 1998. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post lumbar 5-sacral 1 arthrodesis with retained symptomatic lumbar spinal hardware/junctional level pathology. Diagnostics to date has included electrodiagnostic studies and x-rays. Treatment to date has included spinal cord stimulator implantations, pain medication, and non-steroidal anti-inflammatory medication. On March 11, 2015, the injured worker complains of constant, sharp low back pain radiating into the lower extremities, right greater than left. Associated symptoms include numbness, weakness, foot drop, and incontinence of bowel and bladder. His pain was rated 8/10 and it was becoming worse. The physical exam revealed paravertebral muscles tenderness with spasm, a positive seated nerve root test, restricted and guarded standing flexion and extension, no instability, and numbness and tingling in the lateral thigh, and anterolateral and posterior leg, which correlates with an lumbar 5 and sacral 1 dermatomal pattern. There was weakness of the extensor hallucis longus and ankle plantar flexors muscles. The ankle reflexes were symmetric. 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:

Lumbar Spine MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 2015 online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical documentation provided indicates this patient has had a sudden increase in pain, foot drop and bowel and bladder incontinence. As such, the request for Lumbar Spine MRI is medically necessary.