MAXIMUS Federal Services

Case Number:	CM15-0078562		
Date Assigned:	04/29/2015	Date of Injury:	12/16/2000
Decision Date:	05/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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 65 year old male who sustained an industrial injury on 12/16/2000. Current diagnoses include lumbago and post laminectomy syndrome. Previous treatments included medication management and back surgery. Previous diagnostic studies include x-rays. Report dated 04/15/2015 noted that the injured worker presented with complaints that included low back pain. Pain level was 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included MRI of the lumbar spine with contrast. Disputed treatments include an MRI of the lumbar spine with contrast.

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 contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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 worker's working diagnoses are failed back syndrome post-lumbar laminectomy; low back pain; and lumbar degenerative disc disease, probable segmental instability. The injured worker's date of injury is December16, 2000. A progress note dated March 20, 2015 shows the injured worker had back surgery in 2006. Symptoms returned on September 2014. The injured worker underwent MRI evaluation of the lumbar spine prior to surgery of the lower back. Subjectively, according to the March 20, 2015 progress note, the injured worker is "sore in the morning." The VAS pain scale is 4/10. Symptoms are a bit settled (on the date of the examination). Objectively, there is no spasm noted. The injured worker has a slow gait. The neurologic evaluation was unremarkable with normal sensory and motor evaluation. There was negative straight leg raising. There was no instability noted on physical examination. There were no red flags noted during the history or physical examination. There were no new objective findings documented in the medical record. A more recent progress note dated April 15, 2015 indicates the injured worker still has continued to increase that pain. The subjective VAS pain scale is 8/10. Objectively, range of motion is decreased extension 15-20 with moderate pain. There were no unequivocal objective findings identifying specific nerve compromise on the neurologic examination. There is no clinical indication or rationale for the use of contrast in the MRI of the lumbar spine and requested. Consequently, absent clinical documentation demonstrating specific nerve compromise on neurologic evaluation, red flags, or deterioration from baseline, MRI evaluation of the lumbar spine with contrast is not medically necessary.