MAXIMUS Federal Services

Case Number:	CM15-0090201		
Date Assigned:	05/14/2015	Date of Injury:	04/16/1998
Decision Date:	06/19/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/11/2015

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 59 year old female, who sustained an industrial injury on 04/16/1998 secondary to a fall hitting her head and hitting her left ear. On provider visit dated 03/23/2015 the injured worker has reported low back pain. On examination the lumbar spine revealed tenderness in the lumbosacral spine, well healed lumbar incision range of motion was noted as demonstrating a catch and pain. Tenderness over the lumbosacral junction was noted. The diagnoses have included mechanical low back pain and spasm at the lumbar spine, radiating leg pain, status post lumbar laminectomy and lumbar radiculopathy-resolved. Treatment to date has included trigger point injections, medication and surgical intervention. Per submitted documentation the injured worker had previously undergone multiple MRI's; however evidence of same was not submitted for this review. The provider requested 03/05/2015 MRI of the lumbar spine without contrast for increased lower back pain.

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 without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: Per the 03/23/15 Progress report the patient presents with increased lower back pain with a main complaint of restless legs at night s/p Lumbar Laminectomy date unknown. The current request is for MRI OF THE LUMBAR SPINE WITHOUT CONTRAST per the 03/23/15 report. The RFA included is not dated. The patient is retired. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Examination reveals mild sensory deficit in the lateral aspect of the calf and assessment is provided of mechanical lower back pain and spasm with mild to moderate radiating leg pain. The treating physician states an updated MRI is requested, but does not specifically discuss why it is needed at this time. An exam description of an 08/13/14 MRI lumbar is included. The reports provided for review do not show if this study was completed prior to the patient's lumbar surgery. The assessment provided states multilevel DDD worst at L3-4 and L4-5 where a combination of broad-based protrusions and facet and ligamentous hypertrophy contribute to severe lateral recess narrowing. In this case, evidence of radiculopathy is provided. However, lacking evidence that there has been no MRI lumbar since the patient's laminectomy or of a significant change of symptoms or findings suggestive of significant pathology, the request IS NOT medically necessary.