

Case Number:	CM15-0091468		
Date Assigned:	05/15/2015	Date of Injury:	05/22/2002
Decision Date:	06/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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 72 year old male, who sustained an industrial injury on 5/22/2002. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include chronic back pain. Currently, he complained of sudden increased low back pain with left thigh pain. On 4/30/15, the injured worker was seen on an urgent basis due to sudden change in symptoms. The physical examination documented an antalgic gait with use of a cane. There was severe limitation to the left thigh flexion. The plan of care included the addition of Percocet to substitute for the previously prescribed Norco and a request for an urgent lumbar MRI with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar MRI w & w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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 lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine with and without 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 diagnosis is spinal stenosis lumbar region. The date of injury is May 22, 2002. The request for authorization is May 1, 2015. The injured worker was seen on multiple occasions by a treating neurosurgeon on November 3, 2014; December 15, 2014; January 12, 2015; February 17, 2015; March 16, 2015; and April 13, 2015. The assessment with each progress note states: "On examination, there was no lumbar tenderness. Strength and sensation were normal. Gait was antalgic and he continues to use a cane." The injured worker receives monthly for ongoing Norco. On April 30, 2015, the treating provider saw the injured worker on an urgent basis due to markedly increased pain. The injured worker has chronic low back pain and thigh pain managed with Norco. The worker reports of severe flare-up over the prior week. The injured worker's gait is antalgic and he uses a cane. There was severe limitation of left thigh flexion. The injured worker has good distal left lower extremity strength and normal right lower extremity strength. Sensation is normal. Straight leg raising was negative. There were no objective unequivocal findings on neurologic examination. There were no red flags. There was no bowel or bladder dysfunction. Consequently, absent compelling clinical documentation with unequivocal objective specific nerve compromise and a detailed neurologic evaluation in an injured worker with chronic low back pain, MRI of the lumbar spine with and without contrast is not medically necessary.