

Case Number:	CM15-0099455		
Date Assigned:	06/01/2015	Date of Injury:	08/14/2001
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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 60-year-old male who reported an industrial injury on 8/14/2001. His diagnoses, and/or impressions, are noted to include pain in the thoracic/lumbar spine; lumbalgia; post-laminectomy; radiculopathy; and opioid dependence. The history notes the acceptable body part for this claim to be the lumbar spine and hernia. No current imaging studies are noted. His treatments have included diagnostic studies; home exercises with stretching; keeping a pain diary; and medication management. The progress notes of 3/20/2015 reported a follow-up visit with complaints of constant, moderate-severe pain in his back and legs, aggravated by activities and improved with medications. The objective findings were noted to include positive lumbar muscle and lower extremity pain/spasms; tenderness to palpation to the lumbar and thoracic paraspinal muscles, and throughout the back, with decreased range-of-motion; bilateral lumbar radicular signs; positive bilateral straight leg raise; and decreased sensation with Achilles and Patellar reflexes. Recent history notes the physician's requests for treatments to include magnetic resonance imaging studies of the thoracic spine, on 1/28/2015 & 2/6/2015. The physician's requests for treatments for this Utilization review of 5/13/2015, was noted to include magnetic resonance imaging studies of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the lumbar spine: 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 - Lumbar & Thoracic (Acute & Chronic), magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 01/28/15 progress report provided by treating physician, the patient presents with low back pain with bilateral L5/S1 dermatomal radicular distribution, rated 5-7/10. The patient is status post lumbar fusion at L3-S1 07/11/03, and removal of hardware and hernia repair 03/02/06. The request is for MRI WITHOUT CONTRAST FOR THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 04/17/15 includes lumbar radiculopathy. Physical examination to the lumbar spine on 01/28/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion on all planes. Decreased sensation noted along bilateral L5/S1 dermatome. Patient had lumbar ESI April 2014, which provided significant relief. Patient's medications include Percocet and Zanaflex. Patient's work status not available. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." 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, neurocompression, recurrent disc herniation)." Per UR letter dated 05/12/15, Lumbar MRI was done on 02/04/08. Progress report with the request was not provided. Treater has not provided medical rationale for the request. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these, and MRI was already taken postoperatively. The request for a repeat MRI cannot be warranted. Therefore, the request IS NOT medically necessary.