

Case Number:	CM14-0115035		
Date Assigned:	09/16/2014	Date of Injury:	07/06/1990
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old male with a date of injury of 7/6/1990. A review of the medical documentation indicates that the patient is undergoing treatment for chronic low back pain. Subjective complaints (7/7/2014) include lower back pain radiating to bilateral gluteal region, with no "red flag" findings. Objective findings (7/7/2014) include decreased lumbar range of motion, tenderness to palpation, negative straight leg test, normal ambulation, normal bilateral muscle strength, and intact sensation and reflexes. The medical documentation does not indicate any records of prior imaging tests, although given the past therapies it is likely some have been performed. The patient has previously undergone treatment multiple back surgeries (including discectomy and lumbar fusion at multiple levels), multiple joint injections from the L2-S1 level, and multiple medication therapies with several different pain medications. A utilization review dated 7/15/2014 did not certify the request for MRI of the left knee.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

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: According to MTUS guidelines, ACOEM recommends that MRI is recommended for low back pain when "red flag" symptoms are present, indicating issues such as cauda equina syndrome, infection, or fracture are strongly suspected with corresponding negative plan film radiograph. ACOEM does state that MRI could be considered the test of choice in patients with prior back surgery, which is accurate for this patient, however this evidence is not strong and only received a "D" rating, indicating poor and/or limited study design. ODG indicates that repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. Indications include concern for tumor, infection, fracture, neurocompression, or recurrent disc herniation. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical documentation indicated an essentially normal neurological exam with no evidence of "red flag" symptoms. The pain also appears to be chronic in nature, and no significant change has been documented recently to indicate a significant worsening of symptoms or other pathology. The treating physician is also concurrently pursuing multiple conservative therapies, including renewal of medications and consideration of a TENS unit or nerve block therapy. Therefore, the request for MRI of the lumbar spine without contrast is not medically necessary at this time.