MAXIMUS Federal Services

Case Number:	CM13-0014220		
Date Assigned:	03/26/2014	Date of Injury:	10/20/2009
Decision Date:	04/24/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine and is licensed to practice in California. 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 year old male who was injured on 10/20/2009. The mechanism of injury is unknown. Office note dated 07/08/2013 documented the patient to have complaints of worsening back pain and right leg pain. The patient was able to rehab his back quite well and he and significant improvement. he had an epidural injection several months ago, which was very helpful. He stated in June, he had significant worsening of his back pain. Objective findings revealed a slight antalgic gait due to back pain and right leg pain. He had a healed incision of the lumbar spine. There was pain to palpation in the lumbar spine at L4-5, L5-S1 with limited range of motion secondary to pain. His flexion was 60% of normal, extension 60% of normal; side to side bending 60% of normal, left and right. His motor strength revealed 5-/5 right gastrocsoleus and extensor hallucis longus; 5/5 proximally and distally; Sensation is intact; Deep tendon reflexes are 2+ and equal bilaterally, knees and ankles; straight leg raise revealed extension at 90 degrees causes pain radiating into the lower extremity to the calf; negative straight leg raising on the left side; Babinski is absent; Clonus is absent. His sacroiliac joints are nontender; Faber test is negative bilaterally. The hips were nontender and full range of motion and pulses were 2+ and equal bilaterally. The patient was diagnosed with 1) Degenerative disc disease at L4-5; 2) Radiculopathy/radiculitis, resolved currently, after surgery, physical therapy, rehab and epidural injections; 3) Disc protrusion, recurrent at L4-5 currently asymptomatic; 4) Recent worsening of back pain and right lower extremity pain. It was recommended the patient is evaluated for MRI of the lumbar spine revealed disc herniation, nerve impingement, stenosis, annular tear, facet pathology, degenerative segments, and delineate anatomy in consideration for future selective spinal injections.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303-304.

Decision rationale: The treating provider notes in the medical records: "he currently does not have an updated MRI. I do require a new MRI since he has had a recurrence of right leg pain. His last MRI is several years old. Recurrent herniation needs to be ruled out." Additional documentation includes: "he states that his back pain and right leg pain have become worse over the course of the past six months or so". This request is consistent with the ACOEM treatment guideline cited above.