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| Case Number: | CM13-0024941 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 05/03/2005 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio and Pennsylvania. 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 physician 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 underlying date of injury in this case is 05/03/2005. The reference diagnosis is lumbago. The patient's diagnoses include a lumbar postlaminectomy syndrome as well as lumbar degenerative disc disease, lumbar stenosis, and lumbar radiculitis. An MRI of the lumbar spine on 11/23/2010 was performed for the indication of low back and bilateral lower extremity pain with paresthesias. This study demonstrated multilevel degenerative disc disease and facet disease as well as a central and right paracentral L5-L6 protrusion. The patient was noted to have 6 lumbar type vertebral bodies. On 08/06/2013, the patient was seen in reevaluation by his treating physician. The patient complained of worsened low back pain with aching and stabbing and also worsening right leg numbness. The patient reports that his pain was aggravated by any activity and was 10/10 without pain medicine and 7/10 with pain medicines. The patient was noted to have 5/5 strength in both lower extremities except knee extensors at 4/5 and ankle dorsiflexors also at 4/5. Sensation was reduced to light touch over the right L4 and L5 dermatomes. Overall, the treating physician felt the patient had reduced sensation in the right L4 and L5 distribution and also noted the patient had asymmetric gastrocnemius reflexes which were only trace on the left and 1+ on the right. The treating physician felt the exam findings were confusing and did not point to any specific nerve involvement. The plan was to get an updated MRI of the lumbar spine to help clarify the diagnosis.

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 with and without contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3090.

Decision rationale: The ACOEM Guidelines state that an MRI is the test of choice for patients with prior back surgery. In this situation with a substantial change in the patient's symptoms and neurological exam and history of past surgery, the guidelines do support MRI imaging of the spine. Therefore, this request is medically necessary.