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| Case Number: | CM13-0025686 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 12/09/1983 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 09/03/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62-year-old male who reported an injury on 12/09/1983. The injured worker was diagnosed with lumbosacral disc degeneration and sciatica. The mechanism of injury was a motor vehicle accident. The initial diagnosis was herniation of disc at L4-5 and L5- S1. The injured worker was treated with pain management, injections, radiofrequency procedures, physical therapy and medications. A request was made for a repeat MRI of the lumbar spine on 08/26/2013 due to a positive symptomatic right lower extremity and positive sciatica and positive progressive pain of the injured worker. The Physician's Progress Report dated 08/26/2013 stated that the injured worker had increased low back pain, worse now than a few months ago. There was increased shooting pains to the right leg and pain with urination. The injured worker also reported numbness of the right foot and toes. The physical examination of the lumbar spine revealed increased tenderness with increased spasm with decreased range of motion. The injured worker had +1 Valsalva, +1 LasA"gue of the right leg at 90 degrees and a negative cross straight leg raise. The patient had 1+ hamstring muscle spasm and was positive for right leg sciatica. The recent physical examination dated 11/21/2013 stated that the injured worker was last seen on 10/18/2013. A lumbar MRI dated 10/13/2013 was noted to have revealed a disc bulge at L2-3, which had improved compared to the last MRI; and "at L3-4, there was moderate disc space narrowing at L4-5" with facet hypertrophy resulting in severe central canal stenosis at the L4-5 level. Since the injured worker was last seen, he reported that he had foot drop on the left, and it was transferred over to foot drop on the right. The patient reported that he had surgery on 11/07/2013 that was a 3-level laminectomy. The operative notes or records were not available for review. The injured worker noted that he did not have postoperative physical therapy. Objective findings revealed that the injured worker was sitting in a wheelchair. Ankle reflexes were absent. There was grade 4/5 weakness of the EHL muscle

strength on the left and 3/5 on the right. The patient was unable to toe tap on the right. Nerve tension signs were absent. The injured worker had a well-healed scar on the low back. The injured worker was then diagnosed with 3-level laminectomy, according to the injured worker, on 11/06/2013 for severe L3-4 and L4-5 stenosis. The injured worker reported had bilateral foot drop now, worse on the right. The patient was recommended for physical therapy for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM states that MRIs are warranted for unequivocal objective findings that identify specific nerve compromise on the neurological examination. If physiologic evidence indicates tissue insult or nerve impairment, an MRI may be warranted. The updated physical examination of the injured worker showed the absence of ankle reflexes, decreased muscle strength and an inability to toe tap on the right. It was also noted that the patient to had 50% decreased sensation in the right lower extremity as well as foot drop. Given the injured worker's physical examination findings, the request for an MRI of the lumbar spine is medically supported. The request for MRI of the lumbar spine is medically necessary and appropriate.