MAXIMUS Federal Services

Case Number:	CM13-0031747		
Date Assigned:	12/04/2013	Date of Injury:	10/01/2011
Decision Date:	10/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery 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:

This 55-year-old male private security guard sustained an industrial injury on 10/1/11. Injury occurred while changing a tire on the freeway with a co-worker. The co-worker was fatally struck by a passing vehicle, and the injured worker was struck by debris. Past surgical history was positive for right knee arthroscopy with meniscal repair on 8/7/12. The 2/1/12 lumbar MRI impression documented grade 2 spondylolisthesis of L5/S1 and grade 1 spondylolisthesis of L3/4 due to spondylosis. There was mild retrolisthesis of L4/5. Multilevel neuroforaminal stenosis was noted with severe involvement at L3/4 on the right and L5/S1 on the left. Advanced degenerative disc disease was noted at the lower lumbar levels with a disc extrusion at L3/4. Degenerative facet disease at the lower lumbar levels also contributed to stenosis. The 4/11/13 treating physician report cited the patient recently noticed a bump on the left side of his low back, accompanied by swelling and some numbness on the left side of his back and numbness of the leg and foot. Clinical exam findings were not documented in the records. The 8/19/13 initial orthopedic report cited worsening complaints of right leg, back and left leg pain, and a low back lump. Pain was reported grade 10/10 aching, burning, sharp, throbbing, and shooting in the back, both buttocks, and right leg. There was numbness in the leg and foot. Exam documented limited thoracolumbar motion, decreased left L5/S1 dermatomal sensation, normal strength, symmetrical 2/4 reflexes, and normal gait. The diagnosis was lumbar spondylolisthesis. A new lumbar MRI was needed to make sure no structural changes occurred in the interval. The 9/25/13 utilization review denied the request for lumbar MRI as there was no significant change in symptoms and/or findings to support repeat imaging. The 10/2/13 treating physician report cited complaints of radiating pain down into the right lower leg, more so when driving and minimal swelling of the lateral right knee. The injured worker complained of a bump on the left side of his low back.

He reported numbness on the left side of the low back which radiated down into his foot, more so the left big and second toe. A lumbar spine MRI was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR MRI WITHOUT CONTRAST (2 OF 2): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-59.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines state that repeat lumbar MRI without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have been met. There was a report of worsening low back symptoms with severe pain and onset of a lump in the low back region. The MRI of 2/1/12 documented advanced degenerative disc disease with multilevel spondylolisthesis and neuroforaminal stenosis. Imaging was requested to evaluate for interval structural changes given the new symptoms. Therefore, this request is medically necessary.