

Case Number:	CM13-0039029		
Date Assigned:	12/18/2013	Date of Injury:	05/04/2011
Decision Date:	02/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 claimant is a 62-year-old gentleman who was injured in a work related accident on May 4, 2011. Recent clinical record of November 14, 2013 by [REDACTED] indicated the claimant was status post a prior L4-5 and L5-S1 anterior interbody fusion with continued complaints of back pain, right radicular leg pain. Physical examination showed 4/5 strength to the extensor hallucis longus (EHL), diminished sensation to the right L5 dermatomal distribution. The repeat magnetic resonance imaging (MRI) scan postoperatively from July 18, 2013 showed prior fusion with a fluid collection anteriorly at the L4-5 space and evidence of prior L5 hemilaminectomy was also noted. Given the claimant's ongoing references of discomfort an MR arthrogram of the lumbar spine as well as magnetic resonance imaging (MRI) scan with gadolinium was recommended. There was also a request for a right L5 transforaminal epidural injection for further treatment of the claimant's ongoing radicular symptoms. The magnetic resonance imaging (MRI) scan was recommended to rule out a pseudoaneurysm versus lymphocele.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the lumbar spine without contrast quantity one:
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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,Chronic Pain Treatment Guidelines.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of MR imaging in this case would appear warranted. Request was made to rule out a lymphocele versus pseudoaneurysm based on recent magnetic resonance imaging (MRI) findings. The role of this further test with contrast would appear to be medically necessary given the claimant's ongoing clinical picture, presentation and ongoing complaints following surgical process.

Right L5 transforaminal injection quantity one: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, epidural injection in this case would not be indicated. The treating physician is recommending further imaging to rule out a pseudoaneurysm of the lumbar spine. It would be unclear as to why the injection of corticosteroid would be performed prior to assessment with repeat imaging to rule out possible pseudoaneurysm or other causes of claimant's "fluid collection". While an epidural injection may ultimately be indicated in this case, it would not be supported until a better clinical diagnosis is obtained from the imaging that is being recommended.