

Case Number:	CM13-0042693		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2012
Decision Date:	02/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 patient is a 35-year-old male who reported a work-related injury on 05/02/2012 as result of strain to the lumbar spine. Subsequently, the patient is status post left L4-5 decompressive lumbar laminectomy, foraminotomy, facetectomy, and discectomy. The clinical note dated 10/08/2013 reports the patient was seen under the care of [REDACTED] for initial orthopedic consultation report. The provider documents the patient has postoperatively utilized a course of aquatic therapy. The patient reports continued pain at 6.5/10. The patient utilizes no postoperative medications. Upon physical exam of the patient, the provider documented tenderness to palpation over the midline of the lower lumbar spine with appreciable paralumbar muscle spasms. The patient's forward flexion lacked 12 inches from placing fingertips on floor, extension was 30 degrees, lateral bending patient could place fingertips on the fibular head, and rotation was bilaterally 30 degrees. Motor exam revealed 5/5 motor strength noted throughout; sensation was normal to pinprick and light touch to the right lower extremity diminished to the left lower extremity. The provider documented reflexes were intact and symmetrically equal bilaterally. Sitting straight leg raise, as well as supine straight leg raise elicited low back pain with radiation of pain to the left foot. The provider recommended Magnetic Resonance Imaging (MRI) of the patient's lumbar spine to rule out recurrent Herniated Nucleus Pulposus versus stenosis/scar tissue in the operative bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient presents status post operative interventions to the lumbar spine performed in 04/2013 subsequent to a work-related injury sustained in 05/2012. The clinical documentation reports the patient states his left lower symptoms are actually greater than they were prior to surgical interventions. The clinical notes document the patient's persistent subjective complaints correlate with physical exam findings of diminished sensation to the left lower extremity to pinwheel and light touch. The provider is recommending at the patient is failing to progress postoperatively, Magnetic Resonance Imaging (MRI) of the lumbar spine to further assess the patient's postoperative condition. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) indicates unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Given the clinical notes document the patient is slow to progress postoperatively and continues with moderate complaints of pain about the lumbar spine and left lower extremity, the request for magnetic resonance(eg, proton) imaging, spinal canal and contents, lumbar; with contrast material is medically necessary and appropriate.