

Case Number:	CM13-0049462		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2011
Decision Date:	06/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

The injured worker is a 43 year-old male who was injured on July 28, 2011. The mechanism of injury is reported as dirt collapsing and covering the injured up to the knees. Treatment to date has included microdiscectomy of the lumbar spine and resulted in Chronic Pain Syndrome and a possible Cauda Equina Syndrome. Treatment to date has included the noted surgical intervention, chiropractic care, and a previous MRI completed in November, 2012. Also noted, was electrodiagnostic testing, aquatic therapy and additional chiropractic care. There is a reported urinary incontinence and impotence noted. The physical examination noted the pain level to be 5/10 with a well healed surgical scar. There was tenderness to palpation and decreased range of motion. Decreased sensation is noted bilaterally distal to the knee. Deep tendon reflexes are noted to be 1+. Additional records include a detailed analysis of the medications being employed. A psychology consultation was completed in September, 2013 and noted a very high degree of pain behavior. There are multiple complaints of pain and gait alteration is noted. Major depression is noted, associated with pain disorder. The request for standing MRI of the lumbar spine was not certified, however the medication Neurontin was certified on a prior determination dated October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

STANDING MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Low Back Complaints ACOEM Practice Guidelines, while noting that this is an individual who has had lumbar surgery, carries a diagnosis of Failed Back Surgery Syndrome and a possible Cauda Equina Syndrome, there is no physical examination evidence to support a neurologic compromise that would warrant a repeat, postoperative MRI assessment. There is no electrodiagnostic evidence of a nerve root compromise, and there is no physical examination evidence to suggest fracture, instability or other significant osseous abnormality. The data presented does not support this request, therefore request is not medically.