

Case Number:	CM13-0050206		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2011
Decision Date:	04/23/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	11/11/2013

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 Orthopaedic 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 58 year-old female sustained an industrial injury on 6/7/11 when she slipped and fell, landing on her left side with onset of neck, low back, and medial knee pain. The 1/7/13 treating physician report documented findings of tenderness to palpation over the lumbosacral facet joints and paraspinal muscles and full motor strength. The 2/28/13 lumbar MRI revealed mild multilevel degenerative disc disease, L5/S1 intervertebral disc degeneration and desiccation with mild bilateral foraminal stenosis, and L4/5 intervertebral disc degeneration and desiccation with mild bilateral foraminal stenosis and mild central stenosis. Bilateral L5/S1 lumbar facet joint injections were provided on 4/24/13 for significant lower back pain that had failed conservative measures. There was no subsequent documentation regarding the facet joint injection response. The patient underwent anterior cervical decompression and fusion C3-C5 on 6/4/13 for her cervical and upper extremity complaints. On 9/23/13, the patient reported sudden onset of bilateral lower extremity weakness with left foot dragging causing her to fall while walking in a mall. Objective findings demonstrated significant left nerve tension signs with paresthesias and dysesthesias in the buttock and thigh, and 4+/5 left gastrocnemius and tibialis anterior weakness. The treating physician noted prior imaging evidence of disc herniation at L4/5 and L5/S1 and recommended a repeat MRI. X-rays indicated that the cervical fusion was healing well and the treatment plan recommended initiation of physical therapy for her neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of lumbar spine without contrast, per 10/24/13 report quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Low back chapter (2007 revised), page 53. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging.

Decision rationale: Under consideration is a request for lumbar MRI. The California MTUS guidelines do not address repeat MRIs for chronic low back injuries. The revised ACOEM low back guidelines do not recommend repeat lumbar MRI imaging without significant clinical deterioration in signs and symptoms. The Official Disability Guidelines recommend MRI for sudden onset of myelopathy and state that repeat lumbar MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings of significant pathology (e.g. neurocompression). Guideline criteria have been met. The patient presented with acute change in the neurologic examination with sudden onset of lower extremity weakness and prior imaging evidence of L4/5 and L5/S1 disc herniation. Given the significant clinical deterioration and sudden onset myelopathy, repeat MRI is consistent with guidelines. Therefore, this request for lumbar spine MRI is medically necessary.