

Case Number:	CM13-0066463		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2007
Decision Date:	04/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational 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 patient is a [REDACTED] employee who has filed a claim for progressive low back pain symptoms with radiation into both legs with numbness and tingling, associated with an industrial injury of November 01, 2007. The patient is currently on NSAIDs, opioids, and muscle relaxants. Other treatments to date include trigger point injections. The patient remains unable to work. A review of progress notes from October to December 2013 reveals worsening of pain symptoms, progressive lower extremity weakness, and difficulty standing up and walking with objective finding of radiculopathy and spinal deformity of the back. The patient has been deemed a candidate for low back surgery. On 9/5/13, a lumbar X-ray demonstrated instability of the L4-5 and L5-S1 region; and MRI to assess further was prescribed. The X-ray demonstrates significant lateral listhesis of L4-5 described as 18mm. The patient feels like she is unable to walk. On 10/8/13, the patient's symptoms are described as worsening and surgery is considered. Discussion identified that the non-verifiable radiculopathy would warrant a lumbar MRI before the patient could proceed with surgery. Physical exam demonstrates some weakness of the left ankle dorsiflexors, with diminished reflexes. In a utilization review report of November 20, 2013, a request for MRI of the lumbar spine was denied for lack of a recent and comprehensive neurologic examination including a sensory examination; and lack of red-flag signs. There was also uncertainty as to whether the patient has had recent MRI studies, given the 2007 date of injury and reported 9/2013 authorization for a lumbar MRI scan. The patient did have a previous MRI in 2011 that demonstrated spondylolisthesis and listhesis at L4-5 along with spinal stenosis. A change or progression in neurologic findings was absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST 72148: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Official Disability Guidelines (ODG) Low Back Chapter, section on MRIs

Decision rationale: As noted on pages 303-304 of the ACOEM Guidelines, there is support for imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. A lumbar X-ray demonstrated instability of the L4-5 and L5-S1 region; and MRI to assess further was prescribed. The X-ray demonstrates significant lateral listhesis of L4-5 described as 18mm. The patient feels like she is unable to walk. The patient's symptoms are described as worsening and surgery is considered. Discussion identified that the non-verifiable radiculopathy would warrant a lumbar MRI before the patient could proceed with surgery. While the specific surgery contemplated was not identified, the significant lateral listhesis with 18 mm would render the patient a potential candidate for fusion surgery, with the suspected radiculopathy component a potential indication for decompression. Physical exam demonstrates some weakness of the left ankle dorsiflexors, with diminished reflexes. While discussion in a 9/5/13 medical report may be interpreted that recent authorization for a lumbar MRI would have been obtained, the subsequent 10/8/13 medical report made it apparent that a recent lumbar MRI was not obtained. In addition, while the actual 2011 lumbar MRI report was not made available for review, given the passage of time, progression in neurologic findings with left ankle dorsiflexion weakness, and, most predominantly, lateral listhesis of 18-20mm on plain films, updated imaging would be indicated in anticipation of possible surgery. An MRI of the lumbar spine without contrast is medically necessary as per the ACOEM and Official Disability Guidelines.