

Case Number:	CM13-0067323		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2012
Decision Date:	09/16/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Neurology 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 (IW) is a 31 year old male with a date of injury of 7/13/2012. The mechanism of injury is reported to be a fall after the IW tripped on an uneven tile at work .The IW reported immediate pain his left leg, hip, and lower back. The IW was reported to have developed both urinary and bowel incontinence and underwent bilateral laminectomy at the L4-L5 level to treat the cauda equine syndrome. A post-surgery MRI cited in the reports from 04/03/13 notes degenerative disc disease with regions of foraminal narrowing and spinal stenosis. There is decompression of the spinal canal at L4-L5. The previous spinal stenosis in the lumbar spine is no longer present. There is also mild generalized spinal stenosis in the lumbar spine due to epidural lipomatosis, unchanged since the prior exam. A physical exam dated 12/02/13 indicates the IW reports pain as a 9/10 without opiates and 7/10 with taking Opiates. The exam findings are notable for absent patellar reflexes bilaterally in addition to 1/5 strength in the iliopsoas and quadriceps and 2/5 in the extensor hallucis longus on the right. There was no movement in the tibialis anterior, extensor digitorum brevis, toe flexors and left extensor hallucis longus. Despite the motor exam presented for the lower extremities, the IW is reported to ambulate with the aid of crutches. A previous request for and lumbar spine with gadolinium was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE WITH GADOLINIUM: 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 Page(s): 309.

Decision rationale: Although the MTUS does recommend using MRI to evaluate patients that have previously undergone back surgery, it would not apply to this case. The IW has already had a lumbar MRI after his surgery with no new symptoms. Per the progress notes provided, the IW does not have any emergent "red flag" symptoms that would prompt additional imaging with an MRI. Although the physical exam does not correlate with findings of the previous lumbar MRI from 4/03/13 (weakness in the L2-L4 myotomes with no specific findings reported on MRI to support this exam), an additional imaging study is not the appropriate diagnostic study to elucidate if physiological pathology is present. Therefore, the request for an MRI of the L-spine with Gadolinium is not medically necessary.