

Case Number:	CM13-0067480		
Date Assigned:	01/03/2014	Date of Injury:	11/03/2001
Decision Date:	06/30/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 41-year-old male with a date of injury of 11/03/2001. The Utilization Review performed by [REDACTED] dated 11/15/2013 identified the mechanism of injury as a "work-related injury to the lumbar spine." The worker was subsequently treated with a lumbar laminectomy and L4-5 fusion in 2002 that was complicated by chronic pain. In his office note dated 06/12/2013, [REDACTED] diagnosed the worker as having "post-lumbar laminectomy syndrome" with a related "degenerative dysesthesia" (note dated 03/15/2013) and/or "radiculopathy" (note dated 01/25/2013). These office notes indicated the worker was experiencing lower back pain that went into the left leg. The worker's recorded pain intensity ratings declined during this time. However, the worker's documented reports of function also declined, from walking four blocks at a time on 01/25/2013 to only two blocks at a time on 03/15/2013. Recorded examination findings were unchanged during this time period and included decreased sensation along the "S1 dermatome" (the pathway for a nerve coming off the spinal cord), tenderness in the lower lumbar region, and decreased left knee reflexes compared with the right. [REDACTED] notes described a concern that the symptoms and findings were consistent with a worsening radiculopathy. The submitted records indicated the treatment plan included the continuation of an opioid medication at a stable dose and frequency. A Utilization Review decision was rendered on 11/15/2013 recommending non-certification for imaging of the lumbar spine with MRI without the use of contrast.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 - Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted documentation described stable examination findings that were concerning for a radiculopathy, including decreased sensation along the S1 dermatome (the pathway for a nerve coming from the spinal cord) and decreased left knee reflexes compared with the right, from January through June, 2013. However, there are no submitted reports indicating a decline in function or worsening of symptoms prior to the request, a change in the treatment plan, or the use of conservative management other than opioids preceding this request for advanced imaging. In the absence of such documentation, imaging of the lumbar spine with MRI without the use of contrast is not medically necessary.