

Case Number:	CM13-0070834		
Date Assigned:	01/08/2014	Date of Injury:	08/13/2008
Decision Date:	06/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/26/2013

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 40 year old female who was injured on August 13, 2008 while lifting a heavy car part weighing approximately 45 to 50 pounds, when she felt a snap on her lumbar spine. Prior treatment history has included medication, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, and lumbar spine fusion. PR2 dated December 20, 2013 indicates the patient reports that she is having trouble with balance and even with cane and has painful clicking. On exam, she has constant severe low back pain. She is cane dependent. There is decreased motor and sensory of the right lower extremity. She is extremely painful on range of motion which exhibits forward flexion to 15; extension to 10; right bending to 20; and left bending to 20. She has strong right lower extremity straight leg raise pain with peroneal nerve tenderness. Diagnoses are lumbar radiculopathy with anterior and posterior interbody fusion with moderate to severe postoperative pain; and post fusion syndrome. The treatment and plan include MRI with contrast of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITH CONTRAST LUMBAR SPINE: Overturned

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), MRIs (magnetic resonance imaging), and the American College of Radiology (2011) article "Appropriateness Criteria: Low Back Pain.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause MRI for neural or other soft tissue." In this case, this patient is status post lumbar spine fusion and continues to complain of severe lower back pain and utilizes cane for ambulation. On exam, there was documentation of decreased motor and sensory deficits in right lower extremity, painful ROM, SLR positive for pain in right lower extremity, and peroneal nerve tenderness. The patient is diagnosed with lumbar radiculopathy, post fusion syndrome, and failed back syndrome. It is not entirely clear if these examination findings represent objective worsening nor do findings appear to clearly follow a dermatomal/myotomal distribution. However, the patient is status post lumbar fusion surgery with objective neurological signs which are perhaps worsening. The last lumbar MRI appears to have over one year ago. MRI with contrast is appropriate in the setting of prior surgery to distinguish between disc and scar. Thus, the medical necessity has been established to help determine the cause of the patient's persistent symptoms status post surgery. The request for an MRI without contrast for the lumbar spine is medically necessary and appropriate.