

Case Number:	CM14-0002774		
Date Assigned:	01/29/2014	Date of Injury:	01/31/2003
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology Pain Medicine, and is licensed to practice in Florida. 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 48-year-old female with a reported date of injury on 01/31/2003 to her back due to cumulative trauma. The clinical note dated 12/10/2013, indicated a diagnosis of post-laminectomy syndrome, lumbar region dated 06/23/2004. The injured worker reported persistent nerve pain associated with numbness in her right leg and left foot. She also reported occasional lower back pain that was sharp, shooting and burning. The injured worker rated her pain at a 6-7/10 with standing. The injured worker noted taking medications relieved her pain and sitting aggravated her pain. On physical exam, the injured worker could walk two-hundred-forty (240) minutes before having to stop due to pain, sit forty-five (45) minutes before having to stand due to pain, and she was able to stand for thirty (30) minutes before having to sit due to pain. The range of motion findings for the lumbar spine revealed 30 degrees with extension, 30 degrees with oblique extension, 60+ degrees with rotation. The injured worker had diminished sensation to light touch to the right leg. The reflexes to the achilles were 1+ and symmetric. The injured worker's medication regimen included Fentanyl. The request for authorization was not submitted.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition 2013, Low Back Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, LOW BACK COMPLAINTS, 308-310

Decision rationale: The injured worker's diagnosis is post-laminectomy syndrome, lumbar region dated 06/23/2004. The ACOEM guidelines states that a computed tomography (CT) or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The guidelines note that an MRI is the test of choice for patients with prior back surgery. The Official Disability Guidelines recommend MRIs for uncomplicated low back pain, with radiculopathy after at least one (1) month of conservative therapy, sooner if severe or progressive neurologic deficit. The guidelines also state that repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of evidence of conservative therapy except for the transcutaneous electrical nerve stimulation (TENS) unit; however the effectiveness of the TENS was unclear. In addition, there is lack of progressive neurologic deficit to suggest a repeat MRI. Therefore, per the Official Disability Guidelines, the request request for MRI of the lumbar spine is non-certified.