

Case Number:	CM14-0005422		
Date Assigned:	02/05/2014	Date of Injury:	10/04/1996
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is 63-year-old female with date of injury of 10/04/1996. Per treating physician's report, 12/17/2013, patient presents with chronic low back pain with diagnoses of chronic pain and spinal cord abscess. The patient apparently has residual foot drop and neurogenic bladder, difficulty ambulating, and needs follow-up MRI of the spine. Current active medications were Soma, oxycodone 10 mg tablets, and Duragesic 75 mcg transdermal patch. Complete Blood Count (CBC) with diff. and CMP were ordered. Examination showed tenderness, range of motion difficulties with the lumbar spine. Neurologically, the patient was normal. MRI of the lumbar spine was previously obtained on 08/06/2007 with findings of multilevel degenerative disk changes at L3 to L5, pars defect on left L5, cavernous hemangioma L3 and L4. Urology report from 04/23/2013 states that the patient has a complex chronic low back pain spine injury from 1996 L4-L5 osteomyelitis, reports difficulty emptying bladder, lack of urgent urinary continence, post-void residual that day was 203 mL. Recommendation was for video urodynamic study, cystoscopic exam. Progress report from 08/06/2013 indicates that the patient needs follow-up with neurosurgeon due to falls and foot drop. The patient has continued to use walker with forearm supports.

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: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#protocols).

Decision rationale: This patient presents with chronic low back pain, neurogenic bladder, foot drop with frequent falls. The request was for updated MRI of the lumbar spine which was denied by utilization review letter dated 12/26/2013. The utilization reviewer felt that the patient should be evaluated by neurosurgeon before a repeat MRI is to be obtained. The patient was recommended for neurosurgeon evaluation. Review of the reports show that the patient's last MRI was back in 2007 where it showed pars defect at L5 along with degenerative disk changes at L3 to L5. Review of urology report pertains to osteomyelitis at L4-L5 in the past, and pending additional studies regarding complaints of bladder. ACOEM Guidelines do support specialized imaging studies for red flags, progressive neurologic deficits in progression. ODG Guidelines support MRIs for neurologic signs and symptoms. In this case, the patient has frequent falls, neurogenic bladder, foot drop, currently dependent on front-wheeled walker. Last MRI was 2007 some 7 years ago. Updated MRI appears quite reasonable and medically necessary. The request is medically necessary and appropriate.