

Case Number:	CM14-0102404		
Date Assigned:	08/01/2014	Date of Injury:	06/19/1992
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46 year old male who has a date of injury of 06/19/1992. The records indicate that the injured worker has a failed back surgery syndrome and currently has an implanted intrathecal pump which is refilled on a monthly basis. The injured worker continues to have pain levels which require oral medications. Most recent physical examination notes that he is ambulatory with a steady gait. Reflexes are 2+ with the right patella more brisk than the left. Ankle reflexes are 2+, equal and symmetric. Sensation is intact to soft touch, but increased over the right lateral thigh. Right hip flexion is weak. Right knee flexion is weak. The remainder of his strength is equal and symmetric. Sensation to sharp touch is absent as tested with a 25 gauge needle just above the right ankle. Per the most recent clinical note, the provider notes that the injured worker has an expanding area of decreased sensation. He notes that the last MRI was performed approximately one year ago to evaluate for catheter tip granuloma. He notes that given the significant change in sensory loss in the lower extremity, he has requested an MRI of the lumbar spine to rule out a granuloma. The record contains a utilization review dated 06/10/14 in which requests for MRI of the lumbar spine and x-ray of the lumbar spine were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request for MRI of the lumbar spine is recommended as medically necessary. The submitted clinical records indicate that the injured worker has an implanted intrathecal pump. This pump is refilled on a monthly basis. The injured worker is examined with each refill. The records reflect sensory changes in the lower extremities that has expanded over a period of three months. It is suspected that the injured worker may have developed a granuloma at the catheter tip and subsequently MRI is appropriate to evaluate.

X-ray lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request for x-rays of the lumbar spine is recommended as medically necessary. The submitted clinical records suggest that the injured worker may have developed a granuloma along the catheter tip. Plain radiographs are necessary to assess the catheter itself to ensure that there is no evidence of breakage or kinking in the catheter itself and as such would be supported as medically necessary.