

Case Number:	CM14-0014880		
Date Assigned:	02/28/2014	Date of Injury:	03/10/2010
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of March 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and a cervical collar. In a Utilization Review Report dated January 23, 2014, the claims administrator apparently denied a lumbar MRI, denied a cervical MRI, denied a neurological consultation, and denied a cervical collar. A variety of MTUS and non-MTUS Guidelines were cited, including ODG Guidelines on imaging studies and non-MTUS Chapter 7 ACOEM Guidelines on consultations which the claims administrator mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On September 30, 2013, the applicant was described as considering a spinal cord stimulator. The applicant was also pending a urology consultation. The applicant had worsened numbness and pain about left lower extremity in the L5 distribution. The applicant exhibited an antalgic gait. Left lower extremity strength was scored at 4/5 with hypoactive reflexes noted bilaterally. Right lower extremity sensorium was diminished. Urology consultation, spinal cord stimulator trial, and Lidoderm patches were sought. The applicant was apparently given work restrictions which her employer was unable to accommodate. In a progress note dated October 1, 2013, the applicant was described as having persistent complaints of low back pain. The applicant was using Nucynta for pain relief. The applicant was severely obese with a BMI of 34. The applicant was status post epidural steroid injections in 2011, it was stated. The applicant had evidence of radiculopathy noted on electrodiagnostic testing of March 2011 and evidence of a 5- to 6-mm disk bulge at the L4-L5 level noted in February 2011, it was stated. Spinal cord stimulator was sought. On December 17, 2013, it was stated that the applicant had issues with urinary incontinence,

reportedly a result of neurogenic bladder versus stress urinary incontinence. It was stated that the applicant could consider surgery for the same. The applicant was not working at that point, it was stated. On January 14, 2014, the applicant was again described as having complaints of low back and right lower extremity pain, 8/10. The applicant apparently slipped and fell on January 11, 2014, losing consciousness temporarily. The applicant was reporting headaches and neck pain, 8/10. The applicant was on Lidoderm and tramadol for pain relief. The applicant was reportedly possessed of 5/5 lower extremity and upper extremity strength on this occasion. The applicant had a normal gait, it was further noted. Decreased sensation was noted about the right lower extremity throughout. Positive straight leg raising was noted. MRI imaging of the cervical spine was sought to search for a posterior spinous fracture following the recent fall. A neurologic consultation was sought for the closed head injury. It was stated the applicant might have a traumatic brain injury. An updated lumbar MRI was sought to address the applicant's worsening lumbar radiculopathy in L5 dermatome. A cervical collar was sought owing to the applicant's reported possible fracture of the cervical spine. The applicant was given work restrictions which were resulting in her removal from the workplace. In an earlier note of January 7, 2014, it was stated that the applicant had issues with an antalgic gait and left lower extremity footdrop.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, MRI imaging is recommended as the test of choice for applicants with prior spine surgery. In this case, the applicant has had prior spine surgery. The attending provider had seemingly posited that the applicant has a worsening lumbar radiculopathy and is a candidate for surgical treatment. The applicant has issues such as footdrop and altered lower extremity sensorium, which do suggest that the applicant could in fact be a candidate for further lumbar spine surgery. MRI imaging to more clearly evaluate and delineate the extent of the applicant's radiculopathy is therefore indicated. The request for an MRI lumbar spine without contrast is medically necessary and appropriate.

MRI CERVICAL SPINE WITH STIR IMAGES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, cervical MRI imaging is "recommended" to evaluate red-flag diagnoses such as fracture, tumor, infection, focal neurological deficits, etc. In this case, there was a clearly-voiced suspicion of cervical fracture following an apparent acute slip and fall injury. MRI imaging of the cervical spine was/is indicated. The request for an MRI cervical spine with STIR images is medically necessary and appropriate.