

Case Number:	CM14-0134975		
Date Assigned:	08/27/2014	Date of Injury:	10/28/2002
Decision Date:	10/07/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family 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 injured worker is a 68 year old male who sustained an injury to his low back on 10/28/02 while lifting a door that came off the hinges. The records indicate that the injured worker subsequently underwent an L4-5 laminectomy with auto fusion. MRI of the lumbar spine dated 05/02/13 revealed severe spinal canal stenosis at L2-3; arachnoiditis or an intraspinal arachnoid cyst at L4-5; impingement upon the exiting L3 nerve root at the level of the neuroforamen and impingement upon the exiting right L4-5 nerve root at the level of the neuroforamen. Treatment to date has included physical therapy, knee injections, bilateral S1 transforaminal lumbar epidural steroid injection, and medial branch blocks followed by facet medial branch rhizotomies. The clinical note dated 07/23/14 reported that the injured worker underwent an epidural steroid injection on 06/02/14 that provided 80% relief. The injured worker continued to complain of intermittent cramping in the legs, especially in the calves and behind the knees. Physical examination noted mild axial tenderness along the lumbar spine with discomfort in range of motion in regards to flexion/extension; straight leg raise positive right; limited hip flexion bilaterally; motor strength deficiencies; diminished sensory to light touch in the right anterolateral leg.

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): 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(web), 2014, Low Back- Lumbar & Thoracic (Acute & Chronic), MRI's (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The previous request was denied on the basis that within the submitted documentation, it was shown that the injured worker has had any recent efforts to participate in physical modalities and does not demonstrate an exhaustion of conservative care with documentation that recent repeat epidural steroid injections provided significant relief. Moreover, there is a discrepancy within the medical records that documented the injured worker had been 2 years without an MRI, yet there are submitted medical records of a completed official MRI dated 05/02/13. There was also not enough documentation within the physical examination to establish a significant change in pathology through objective functional deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI with contrast for lumbar spine is not medically necessary and appropriate.