

Case Number:	CM14-0137080		
Date Assigned:	09/05/2014	Date of Injury:	04/11/2012
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This is a 34-year-old patient who reported an industrial injury on 4/11/2012, over two (2) years ago, to the lower back, attributed to the performance of his usual and customary job tasks. The patient continued to complain of lower back pain radiating to the groin and right lower extremity. A MRI dated 7/18/2013, documented evidence of congenitally narrow canal from L3-L4 through L5-S1. An AME recommendation for future medical care included the provision of surgical intervention at L4-L5 and L5-S1 with discogram at L4-L5 and L5-S1. The objective findings on examination included tenderness over the coccyx; diminished range of motion of the lumbar spine; tenderness to palpation of the paraspinal muscles; SLR reported positive on the right side. The MRI the lumbar spine results were reported as L4-L5 facet overgrowth with ligamentum hypertrophy combined with congenital stenosis with the L5 nerve root. The nerve root gets compressed in the lateral recess with the right a bit more significant than the left. The treatment plan included a right L4-L5 laminectomy. The patient was documented to have received conservative physical therapy including epidural steroid injections which provided no significant functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with gadolinium. Must be on closed machine with 1.5 Tesla Magnet. Require 10 sequences: T1 and T2 sagittal, axial stacked and axial parallel (to endplates). Also, include T2 fat suppressed sagittal. Please add post gado DT1 sagittals, axial stacked and axial parallel to endplate.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Lower Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

Decision rationale: The request for the authorization of a repeated MRI of the lumbar spine for the diagnosis of lumbar spine pain was supported with objective evidence on examination by the treating physician. Even though there were no neurological deficits documented and no red flags documented for the reported pain to the back; the requesting provider documented evidence of a L5 nerve root impingement based on the L4-L5 facet overgrowth and noted ligamentum hypertrophy combined with congenital narrowing as impinging upon the L5 nerve root. There were no demonstrated progressive neurological deficits; however, the objective findings on the prior MRI of the lumbar spine should be evaluated more specifically with the requested MRI with contrast. The patient is being contemplated for surgical intervention with an L4-L5 laminectomy. The requested surgical intervention evaluation is consistent with the recommendations for future medical care by the AME. The patient was noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented radiation to the RLE. The patient reported persistent pain; however, there were no specified neurological deficits. There was demonstrated medical necessity for a repeated MRI of the lumbosacral spine based on the objective findings documented on examination. There was documented completion of the ongoing conservative treatment to the lower back and there is specifically documented HEP for conditioning and strengthening. The requested repeated MRI of the lumbar spine with contrast as specified is documented to be medically necessary.