

Case Number:	CM14-0139004		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2012
Decision Date:	10/15/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, 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 36 year old female who reported an injury to her low back. The MRI of the lumbar spine dated 12/31/13 revealed a stable appearing 4mm left posterior intraforaminal disc herniation abutting the exiting left L4 nerve root. Minor disc degeneration was identified at L5-S1 without stenosis. X-rays of the lumbar spine dated 12/16/13 revealed essentially normal findings with no evidence of instability. The qualified medical evaluation dated 01/15/14 indicates the initial injury occurred on 03/25/12 when she was removing a dinner out of an oven for a patient when she heard a pop in the low back. The injured worker continued with complaints of low back pain with radiating pain to the left lower extremity all the way to the foot. There is a notation of possible symptom magnification. The injured worker had been recommended for aquatic therapy at that time. There is an indication the injured worker had undergone an epidural injection in October of 2013 which provided no significant benefit. There is an indication the injured worker had complaints of discomfort in the left buttocks with tingling in the posterior thigh. The injured worker rated the pain as 7-9/10 at that time. The progress note dated 08/18/14 indicates the injured worker reported numbness and tingling in the left great toe. 4+/5 strength was identified at the left tibialis anterior, EHL, and gastrocsoleus. The injured worker was recommended to continue with physical therapy at that time. The operative note dated 04/18/14 indicates the injured worker having undergone an L4-5 foraminotomy and discectomy. The clinical note dated 05/13/14 indicates the injured worker complaining of strength deficits at the left tibialis anterior, EHL, and gastrocsoleus. The note does indicate the injured worker utilizing Percocet for ongoing pain relief. The clinical note dated 04/30/14 indicates the injured worker continuing with complaints of low back pain that were rated at 6/10. The injured worker described a stabbing and aching sensation with radiation of pain along the plantar aspect of the left leg. The injured worker also reported numbness and tingling in the left

great toe. Strength deficits were identified at the tibialis anterior, EHL, and gastrocsoleus on the left. The therapy note dated 04/23/14 indicates the injured worker being recommended for postoperative therapy to address the low back surgery. The utilization review dated 08/23/14 resulted in a denial for an MRI and contrast lab as insufficient information had been submitted regarding the specific need for an MRI with contrast.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: The medical records provided for review indicates the injured worker complaining of ongoing low back pain despite a recent surgical intervention at the L4-5 level. An MRI of the lumbar spine is indicated for patients with continued symptomology in the lumbar region following a surgical intervention. However, these are generally indicated for injured workers with severe progressive neurologic impairments or if serious or specific underlying conditions exist. There is an indication the injured worker has complaints of numbness and tingling at the left great toe along with 4+/5 strength identified in the left lower extremity along the L4 through S1 distributions. However, no severe findings were identified in the clinical notes. Additionally, no progressive findings were identified. Therefore, this request is not indicated as medically necessary.

1 Contrast Lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.