

Case Number:	CM14-0170962		
Date Assigned:	10/23/2014	Date of Injury:	03/25/2012
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Surgery 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 36-year-old female with a 3/25/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 10/8/14 noted subjective complaints of back pain radiating to the left leg, with numbness and tingling of the left great toe. Objective findings included LLE strength of 4/5 and decreased light touch sensation in the left great toe. MRI lumbar spine 12/2013 showed posterior left lateral and foraminal L4-5 disc protrusion which contacts the left exiting L4 nerve root. The patient is s/p lumbar surgery in 4/14 after which she had 2 months of symptom improvement followed by recurrence of her pain and neurological symptoms. A lumbar MRI with and without contrast request was modified on 8/23/14 approving a non-contrast study. An appeal letter dated 9/2/14 requested approval for lumbar MRI with and without contrast, stating that the contrast media allows differentiation between post-surgical scar tissue formation and recurrence of disc herniation. Diagnostic Impression: Left L4-5 lateral recess and foraminal disc herniation Treatment to Date: L4-L5 discectomy and foraminotomy, lumbar ESI, physical therapy, and medication management A UR decision dated 10/15/14 denied the request for MRI of the lumbar spine with and without contrast. A previous request for non-contrast lumbar MRI was certified on 8/22/14 and therefore there is no need for this additional request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of lumbar spine with and without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) regarding MRIs (magnetic resonance imaging)

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

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient is s/p lumbar discectomy in 4/14. She has developed recurrence of low back pain with worsening objective neurological findings on physical examination, which has failed conservative management. Since the patient is post-operative with recurrence of neurological deficits, contrast media will enable improved clarification of the spinal anatomy. Therefore, the request for MRI of lumbar spine with and without contrast is medically necessary.