

Case Number:	CM14-0175035		
Date Assigned:	10/28/2014	Date of Injury:	03/28/2000
Decision Date:	12/04/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of March 28, 2000. A utilization review determination dated October 20, 2014 recommends noncertification for an MRI of the lumbar spine. Noncertification is recommended due to lack of objective findings of progressive neurologic deficits. A progress report dated October 10, 2014 identifies subjective complaints of back pain radiating into the left lower extremity. The note indicates that the patient is getting increasing problems related to left foot numbness and pain. Now the pain is increasing in the top of the left foot and into the big toe which is more consistent with L5 involvement. The requesting physician is concerned that the patient is developing progressive foraminal stenosis due to loss of disc space height at L5/S1. An MRI dated November 13, 2012 shows left S1 nerve that is surrounded by a fair amount of scar tissue. Physical examination findings reveal worsening dermatomal sensory loss at the left S1 dermatome. The patient has normal strength in the lower extremities and normal reflexes. The lumbar range of motion is restricted. The assessment states lumbar postlaminectomy syndrome and lumbar radiculopathy. An MRI is requested to follow up the lumbar spine. Consideration may be given to electrodiagnostic studies or further surgical consultation. The note goes on to indicate that due to a previous delay in surgical intervention, the patient has suffered permanent atrophy of her lower extremity. Additionally, medications are recommended. A physical therapy note dated June 10, 2014 recommends continuing with a home exercise program.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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, MRIs (magnetic resonance imaging)

Decision rationale: This is a patient with a date of injury of March 28, 2000. A utilization review determination dated October 20, 2014 recommends denial for an MRI of the lumbar spine. Denial is recommended due to lack of objective findings of progressive neurologic deficits. A progress report dated October 10, 2014 identifies subjective complaints of back pain radiating into the left lower extremity. The note indicates that the patient is getting increasing problems related to left foot numbness and pain. Now the pain is increasing in the top of the left foot and into the big toe which is more consistent with L5 involvement. The requesting physician is concerned that the patient is developing progressive foraminal stenosis due to loss of disc space height at L5/S1. An MRI dated November 13, 2012 shows left S1 nerve that is surrounded by a fair amount of scar tissue. Physical examination findings reveal worsening dermatomal sensory loss at the left S1 dermatome. The patient has normal strength in the lower extremities and normal reflexes. The lumbar range of motion is restricted. The assessment states lumbar post laminectomy syndrome and lumbar radiculopathy. An MRI is requested to follow up the lumbar spine. Consideration may be given to electrodiagnostic studies or further surgical consultation. The note goes on to indicate that due to a previous delay in surgical intervention, the patient has suffered permanent atrophy of her lower extremity. Additionally, medications are recommended. A physical therapy note dated June 10, 2014 recommends continuing with a home exercise program.