

Case Number:	CM14-0043342		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in New York and 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 43 year old male who reported an injury on 03/28/2012 due to continues trauma. On 03/28/2012 the injured worker was diagnoses with lumbar radiculopathy and lumbar spine instability. On 07/03/2012 the injured worker had developed foot drop and had posterior spinal fusion with instrumentation at the L4-S1 levels. On 10/21/2013 due to persistence pain the injured worker had the hardware removed. The injured worker pain was about 3/10 with medication and without medication 8/10. The medication is Oxy Contin and Norco no documentation of dosing or quantity noted. On visit 02/11/2014 physical examination the injured worker had weakness with dorsiflexion in the right leg. Neurologic examination showed decreased sensation at S1, severe numbness at L5 and less at the L4 distribution on the right straight leg raise is positive in the right lower extremity. Deep tendon reflexes are 1+ and symmetrical. X rays showed what appeared to be a fusion mass, of cage at the L4-5 and L5-S1 level. The fusion mass on the disc space at the L4-5 appears to be solid; L5-S1 appears to be fused was unclear on films. Treatment plan includes a request for MRI lumbar spine with and without contrast to view the nerves itself and make sure there is no persistence issue of nerve compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guideline, Low Back Problems MRI's(magnetic resonance imaging).

Decision rationale: The request for MRI lumbar spine with and without contrast is not medically necessary. On 10/21/2013 due to persistence pain the injured worker had posterior spinal fusion with instrumentation at L4-S1 level removed. On 02/11/2014 visit the injured worker had x-rays that showed what appeared to be a fusion mass on disc space, at the L4-5 appears to be solid and L5-S1 appears to be fused. Official Disability Guidelines do recommend MRIs as the test of choice for patients with prior back surgery. MRI should not routinely recommend and should be reserved for a significant change in symptom. The documentation states that there has not been a change in pain level despite fusion and hardware removal. X-ray showed what appears to be fusion mass or cage at the L4-5 and L5-S1 levels the fusion mass on the disc space at the L4-5 appears to be solid, L5-S1 appears to be fused with this report and no change in the injured worker symptoms were reported. Therefore the request for MRI lumbar spine with and without contrast is not medically necessary.