

Case Number:	CM14-0061657		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2009
Decision Date:	12/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Ohio. 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 has a history of a herniated nucleus polyposis at L4 and a bulging disc at L5-S1 with lateral stenosis at both levels. On October 14, 2010 he underwent a decompressive lumbar laminectomy at L4/L5 and L5/S1 with foraminotomies at L4 and L5 nerve roots bilaterally, on the right side at S1, a discectomy at L4-L5, and a posterior interbody fusion with a PEEK spacer device and autograft bone. There is an indication that he later underwent removal of his hardware. On March 28, 2014 the injured worker complained of severe low back pain with radiculopathy symptoms. The physical exam revealed tenderness to palpation at the lumbosacral spine with spasm and diminished range of motion. A positive straight leg raise exam was noted and there was decreased sensation in the L5-S1 region. The relevant diagnoses include lumbar disc disease and sciatica. The injured worker had been treated conservatively following his surgery with anti-inflammatories and opioids.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging)

Decision rationale: Per the Official Disability Guidelines uncomplicated low back pain with prior lumbar surgery is an indication for MRI imaging of the lumbar spine. There is support for MRI, depending on symptoms and signs, to rule out serious pathology such as tumor, infection, fracture, and cauda equina syndrome. Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery. In this instance, the physical examination provided clear-cut evidence of radiculopathy in a patient with a prior back fusion. MRI imaging could possibly guide steroid injection therapy for the injured worker's sciatica. Therefore, the request is medically necessary.