

Case Number:	CM14-0073836		
Date Assigned:	07/16/2014	Date of Injury:	09/15/2000
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation 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:

The injured worker is a 53-year-old male who reported an injury on 09/15/2000 when on the job the injured worker had been rolling a large piece on castors under a unit, when he lost control of the piece and grabbed it as it flipped over. The injured worker has diagnoses of status post bilateral revision L4-5 discectomy, status post left sided L4-5 discectomy, status post L5-S1 discectomy, and S1 joint dysfunction status. The injured worker has diagnoses of status post bilateral revision L4-5 discectomy, status post left sided L4-5 discectomy, status post L5-S1 discectomy, and S1 joint dysfunction status post L4-5 laminectomy and discectomy. Past medical treatment includes chiropractic therapy, injections with Toradol, injections of corticosteroids, and physical therapy and medication therapy. Medications include Naprosyn, Tizanidine and Hydrocodone. Dosage, frequency and duration were not documented. X-rays that were obtained on 03/11/2014 of the spine, pelvis, feet, and ankles, which all noted mild to moderate diffuse degenerative changes, and an MRI in 2007, which was submitted for review. The injured worker underwent bilateral root revision on L4-5 discectomy on 08/30/2012, left sided L4-5 discectomy on 07/08/2004, L5-S1 discectomy on 12/19/2001, and a L4-5 laminectomy and discectomy. The injured worker complained of persistent low back pain with radicular symptoms to the left lower extremity to the foot, and to the right buttocks. There were no measurable pain levels documented on the progress note. Physical examination dated 04/02/2014 revealed that the injured worker had an antalgic gait, with pain referred to the left lower extremity. There was a complaint of tenderness to palpation in the midline of the lower lumbar spine and right posterior superior iliac spine. Exam of range of motion showed that the injured worker had extreme pain upon extension, left lateral flexion and right lateral portion of the lumbar spine. On forward flexion of the lumbar spine, the injured worker's fingertips were 44 cm from the floor. The injured worker also revealed an extension of 15 degrees, right lateral

flexion of 35 degrees, left lateral flexion of 35 degrees, right lateral torsion of 40 degrees and left lateral torsion of 35 degrees. There was a negative straight leg test reported in the documentation. The treatment plan is for the injured worker to undergo aquatic treatment therapy 2 times a week for 6 weeks for the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Contrast for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of lumbar spine without contrast is not medically necessary. The injured worker complained of persistent low back pain with radicular symptoms to the left lower extremity to the foot, and to the right buttocks. There were no measurable pain levels documented on the progress note. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Given the above, the injured worker was not within the ACOEM guidelines. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. Additionally, the report submitted for review mentioned past treatment to include chiropractic therapy, injections with Toradol, injections of corticosteroids, and physical therapy. There were no notes in the report as to whether the previous treatment increased or decreased the injured worker's functionality. The submitted report did indicate that the injured worker had a Fabere and reverse Fabere test to report positive bilaterally, but the report lacked any quantified objective evidence of the injured worker showing signs of decreased sensation in the Lumber region. Furthermore, there was no indication that the provider was considering surgery for the injured worker. Therefore, further evidence of nerve dysfunction should be obtained and failure of treatment should be submitted for review. As such, the request for MRI of lumbar spine without contrast is not medically necessary.