MAXIMUS Federal Services

Case Number:	CM14-0080719		
Date Assigned:	07/18/2014	Date of Injury:	12/15/2010
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 is a 61-year-old male who reported an injury on 12/15/2010 due to cumulative injuries. Diagnoses were status post L4-S1 fusion with revision and decompression with persistent back and leg pain; right sided ulnar neuritis postoperative, improved; and anxiety. Past treatments were physical therapy, chiropractic therapy, and transforaminal epidural steroid injections. Diagnostic testing was an MRI on 05/31/2013 that revealed extensive postoperative changes of the L4 and S1, old compression fracture involving the L1, compression fracture involving the superior endplate of L3 with 20% to 30% compression, new since previous study dated 01/22/2011. There was moderate canal and bilateral foraminal stenosis at the L2, L3, and L3-4. There was moderate bilateral foraminal stenosis with no canal stenosis at the L5-S1. There was mild to moderate bilateral foraminal stenosis with no canal stenosis at the L4-5. There was mild to moderate canal and bilateral foraminal stenosis at the L1-2. Otherwise, negative MRI scan of the lumbar spine with intravenous contrast. There was an Electromyography (EMG) on 06/11/2013 that revealed left common peroneal entrapment neuropathy about the knee. Electromyographic indicators of acute lumbar radiculopathy were not seen. Surgical history was appendectomy, gallbladder, 2 hernia repairs, left knee surgery, and fusion at 2 levels (the L4-5 and L5-S1). Physical examination on 04/01/2014 revealed persistent complaints of aching and stabbing pain in the back that the injured worker rated at a 6/10 on the pain scale. He reported that it was improving postoperatively. There were complaints of pain in the legs and calves. Palpation of the lumbar spine revealed tenderness over the paraspinal musculature. There was muscle spasm noted over the lumbar spine bilaterally. Range of motion for the lumbar spine for flexion was to 40 degrees, extension was to 10 degrees, rotation to the right was to 20 degrees and rotation to the left was to 20 degrees. Sensory examination was normal. Motor examination by manual muscle testing was normal. Deep tendon reflexes of the knee on the right was +2, the

left was a +2. Deep tendon reflexes of the ankle were a +2 and a +2 on the left. There was no sacroiliac tenderness noted on compression. Sciatic nerve compression was negative. Straight leg raise test was negative bilaterally in the supine position and the seated position. Waddle signs were negative. Medications were not reported. Treatment plan was for an MRI of the lumbar spine. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the lumbar spine with gadolinium.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Magnetic Resonance Imaging.

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

Decision rationale: The request for Magnetic Resonance Imaging of the Lumbar Spine with Gadolinium is not medically necessary. The ACOEM guidelines recommend 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures. There were no radicular signs from examination or corroborating imaging studies to support the request for MRI of lumbar spine. The injured worker reported he was improving. Therefore, the request for MRI of Lumbar Spine with Gadolinium is not medically necessary.