

Case Number:	CM14-0099056		
Date Assigned:	07/28/2014	Date of Injury:	08/01/2001
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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:

According to the records made available for review, this is a 69-year-old female with a 8/1/01 date of injury, and status post L4-5 fusion 09, and status post removal of hardware 2011. At the time (6/5/14) of request for authorization for 2nd opinion consult spine specialist and MRI pelvis, there is documentation of subjective (increased low back pain, and limited range of motion) and objective (left sacroiliac joint and left paraspinal pain, spasms, and tenderness) findings, imaging findings (lumbar spine MRI (5/21/14) report revealed no significant interval change since 1/3/12; stable discogenic disease at L2-4 and L5-S1; unchanged mild central spinal stenosis from L2-4; stable degenerative hypertrophic facet arthropathy, severe at L3-4 and L5-S1; prior anterior fusion at L4-5 associated with laminectomy at L4, partial left facetectomy at L4-5, and right posterior fusion at L4-5; prior left sided posterior decompression at L5-S1). Current diagnoses (lumbar herniated nucleus pulposus), and treatment to date (activity modification, medications, trigger points, nerve blocks, epidurals, physical therapy, and spinal cord trial). 5/21/14 medical report identifies that physician is resistant to consider further surgery, and that the patient has failed spinal cord trial and that it would be reasonable for the patient to seek a second opinion from a surgical perspective to ensure that there is no other pathway that can be considered. Regarding the requested 2nd opinion consult spine specialist, there is no documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Regarding the requested and MRI pelvis, there is no documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumor.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd opinion consult spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedia, Ninth Ed. 1998.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of lumbar herniated nucleus pulposus. In addition, there is documentation of failure of conservative treatment and a rationale for a second opinion. However, despite documentation of imaging findings (lumbar spine MRI identifying no significant interval change since 1/3/12; stable discogenic disease at L2-4 and L5-S1; unchanged mild central spinal stenosis from L2-4; stable degenerative hypertrophic facet arthropathy, severe at L3-4 and L5-S1; prior anterior fusion at L4-5 associated with laminectomy at L4, partial left facetectomy at L4-5, and right posterior fusion at L4-5; prior left sided posterior decompression at L5-S1), there is no documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Therefore, based on guidelines and a review of the evidence, the request for 2nd opinion consult spine specialist is not medically necessary.

MRI pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; www.odg-twc.com; Section: Hip & Pelvis (Acute & Chronic).

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors as criteria necessary to support the medical necessity of MRI of the hip/pelvis. Within the medical information available for review, there is documentation of diagnoses of

lumbar herniated nucleus pulposus. However, there is no documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors. Therefore, based on guidelines and a review of the evidence, the request for MRI pelvis is not medically necessary.