

Case Number:	CM14-0186286		
Date Assigned:	11/14/2014	Date of Injury:	10/09/2012
Decision Date:	01/20/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/09/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 54 year old female travel agent with a date of injury of 09/26/2012. She was lifting a table of magazines with a coworker and noted low back pain. She reported the problem to her boss on 10/09/2012. That was her last day of work. Hence there are some records that list the date of injury on 09/26/2012 and other records that list 10/09/2012 as the date of injury. On 07/21/2009 a lumbar MRI revealed moderate left foraminal stenosis at L3-L4 and L4-L5. On 09/16/2010 a lumbar MRI revealed a 5 mm left L3-L4 disc herniation with annular tear. There was also an annular tear of the disc at L4-L5 without herniation. Prior to this injury she had neck pain radiating to her left arm and low back pain radiating to her left leg on 11/17/2009. In 2006 she had low back pain with radiculopathy. On 12/04/2007 she had left C5, C6 and C7 partial corpectomy with microforaminotomies. She was discharged home the next day. She had decreased range of motion of the cervical spine and lumbar spine. On 12/15/2009 she had 7/10 neck and low back pain. Previously she had a SI joint injection with some improvement. On 02/17/2010 she had another left SI injection of steroid. However, on 03/09/2010 she had 8/10 low back pain. On 04/01/2010 she had a lumbar MRI that revealed mild degenerative disease. There was no nerve root impingement or central canal stenosis. On 04/28/2010 she had a cervical spine epidural steroid injection. On 01/13/2011 she had spine surgery consultation. Epidural steroid injections with physical therapy were recommended. On 02/11/2011 she had another lumbar MRI. There was no interval change since the previous lumbar MRI on 09/16/2010. There were disc annular tears at L3-L4 and L4-L5. On 03/09/2011 she had a lumbar epidural steroid injection. On 02/28/2012 she was terminated from her job the day before. On 03/02/2012 she had another lumbar epidural steroid injection at L4-L5. On 05/01/2012 it was noted that she had a new job. On 06/26/2012 and on 07/17/2012 she had neck and low back pain. On 08/07/2012 she had lumbar pain radiating to her left leg and wanted another lumbar epidural steroid injection.

Oxycodone was prescribed. On 09/04/2012 Duragesic was added for back pain. On 09/25/2012, the day prior to the injury for this case under review, she had low back pain and she awaited authorization for Percocet and requested further cervical spine and lumbar spine epidural steroid injections. Thus she has a long history of low back pain, lumbar MRIs, pain medication and epidural steroid injections for years prior to the injury on 09/26/2012. She was not a surgical candidate during this time. On 10/17/2012 another lumbar MRI was done and revealed L4-L5 left foraminal disc and L3-L3 disc herniation on the right. These findings did not correlate with the clinical symptoms. On 11/06/2012 she planned to apply for disability. On 11/12/2012 she had a motor vehicle accident. She was in a parking lot standing behind a car that backed up into her. A vehicle reversed into her and she had back pain. She had no fracture or neurologic deficits. On 02/07/2013 she had lumbar radiculopathy. She said that her cervical spine surgery was in 2008 and prior to 09/2012 she never had a low back injury. On examination she had limited lumbar range of motion with left paravertebral muscle tenderness to palpation. Straight leg raising was positive on the left. Motor testing was 5/5 when not limited by pain. Left L3-L5 sensation was abnormal. On 08/05/2013 she was rear ended by an elderly driver. She had a CAT scan of the lumbar spine that mild degenerative disc disease. There was no acute bony abnormality. On 11/23/2013 she had another lumbar MRI. At L2-L3 there was a 3.8 mm right disc bulge with annular tear with right foraminal narrowing. At L3-L4 there was a 3.8 disc bulge with bilateral neuroforaminal narrowing. There was also an annular tear. At L4-L5 and L5-S1 there was a 2.4 mm disc bulge. And at L4-L5 there was spinal canal narrowing and neuroforaminal narrowing. On 03/13/2014 she had severe low back pain radiating to her left leg. On 06/03/2014 her gait was normal. Lumbar range of motion was decreased. Strength of the right lower extremity was 5/5 and on the left 5-/5. Sensation of the right leg was intact and decreased in the left leg. Straight leg rising was positive on the right and negative on the left. On 07/02/2014 an EMG/NCS study revealed a left S1 radiculitis and a right L2 radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 IME and consultation, page 127

Decision rationale: ACOEM Chapter 7 page 127 notes that IME and consultation may be useful when there is special expertise needed and the diagnosis is not clear. This patient had chronic low back pain since at least 2006. She has lumbar radiculopathy and there is no objective documentation of any change in her symptoms or exam. The diagnosis is not in doubt. She has been evaluated previously and did not have surgery. Despite her several listed episodes of injury and multiple lumbar MRI/CAT scan there is no documentation of any change in her clinical

presentation that would warrant further surgical consultations; therefore, request for surgical consultation is not medically necessary.

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014. Low back, MRI

Decision rationale: ODG 2014 notes that repeat lumbar MRI is rarely medically necessary and is used only when there is a significant change in symptoms and findings. It appears that the repeat lumbar MRI was in preparation for another course of physical therapy. She has had numerous lumbar MRIs and also a CAT scan of the lumbar spine. The repeat lumbar MRI is not consistent with ODG. Therefore, the request for a repeat MRI is not medically necessary.