

Case Number:	CM14-0187958		
Date Assigned:	11/18/2014	Date of Injury:	11/01/2006
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old who reported on 11/01/2006 when pallets fell on him injuring his back. His diagnoses include degenerative disc disease, hypertension, L5 - S1 laminectomy with discectomy. His pertinent diagnostic studies included lumbar spine MRI performed on 04/09/2014, which revealed normal coronal alignment and lateral view demonstrated narrowing of L4-5 and L5-S1 disc spaces indicating severe disc degeneration at the L4-5 and L5-S1. His past treatments include medication, physical therapy and epidural steroid injections. On 10/29/2014, the patient complained of severe low back pain that radiated radiating down both legs. The physical examination revealed decreased sensation on the outside of the left foot versus the right and absent right Achilles reflex on the right versus the left. He was also noted to have good strength with dorsiflexion of his foot, great toe, as well as eversion of his foot and ankle. It was noted the patient had a straight leg raise test and bowstring sign on the right that produced pain radiating down his right ankle and his back. The documentation indicated the x-ray performed in office demonstrated disc degeneration of L4-5 and L5-S1 with disc space narrowing at both levels. His current medications were noted to be Tramadol 50 mg, Soma 350 mg, Nortriptyline 2 mg, Tramadol 50 mg and Gabapentin 300 mg. The treatment plan included a repeat MRI of the lumbar spine. A rationale was not provided. The Request for Authorization form was not submitted for review. This 41 year old male reportedly sustained a work related injury on November 1, 2006 when pallets fell on him injuring his back. Diagnoses include degenerative disc disease (DDD), hypertension, L5 - S1 laminectomy with discectomy. Magnetic resonance imaging (MRI) of lumbar spine dated April 9, 2014 revealed new abnormalities compared to study done May 29, 2007. There is herniation L4- L5 and L5- S1 with compression of S1. X-ray of lumbar spine dated October 29, 2014 impression was severe disc

degeneration L4-5 and L5-S1. Primary treating physician visit dated July 23, 2014 notes ongoing progressively worsening low back and right buttock pain. Physical exam provides there is tenderness of lumbosacral spine and an antalgic gait. Reevaluation dated September 3, 2014 provided the injured worker has depression and anxiety with sleep disturbances but it has not prevented him from performing his job duties. Nortriptyline is continued. Primary treating physician visit dated October 29, 2014 noted severe low back pain radiating down both legs. There is mention of a history of physical therapy at times but no specifics were indicated. Prior epidural steroid injections (ESI) were ineffective. Physical exam revealed decreased sensation of left foot and absent right Achilles reflex. Recommendation is for disc replacement. On November 4, 2014 Utilization Review determined a request dated October 30, 2014 for repeat magnetic resonance imaging (MRI) of lumbar spine non-certified. Application for independent medical review is dated November 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for a repeat MRI of the lumbar spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, a MRI may be warranted if unequivocal objective findings identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not response to treatment and who would consider surgery as an option. However, when the neurological examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker is noted to have degenerative disc disease of the lumbar spine at the L5-S1 level and status post L5-S1 laminectomy with discectomy. The most recent MRI performed on 10/29/2014 indicated the injured worker to have demonstrated narrowing of the L4-5 and L5-S1 disc spaces. However, current documentation does not indicate significant change in conditions or progressive neurological deficits. In the absence of current documentation indicating a change in the injured worker's progressive neurological deficits and the injured worker's clinical presentation at the current time, the need for an updated MRI is not warranted. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.