

Case Number:	CM14-0202296		
Date Assigned:	12/12/2014	Date of Injury:	10/01/2009
Decision Date:	03/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 40 year old female, who was injured October 1, 2009. The injured worker was diagnosed with cervical disc herniation at C3-C4, C4-C5, C5-C6, tendonitis, carpal tunnel syndrome of the left hand and wrist, planter fasciitis of the left foot, anxiety, and gastritis. The Injured worker has had three epidural injections to the cervical spine, in December of 2013; the injured worker had a posterior lumbar interbody fusion of L4 -L5. The injured worker remains temporarily totally disabled. In July 2, 2014, the injured worker was attending aqua therapy. According to the progress note of October 8, 2014, the injured worker was complaining of increased pain in the lower back with increased numbness and tingling in the bilateral legs. The injured worker had a posterior lumbar interbody fusion of L4 -L5. The physical exam noted paraspinal tenderness with paraspinal spasms. The injured had weakness in the big toe dorsiflexor and big toe planter flexor, bilaterally. According to the medication list of May 28, 2014 the injured worker was not taking pain medication. The injured worker was taking Buspar, Atarax, and Wellbutrin SR. Laboratory toxicology screen of June 11, 2014, confirms narcotics were not being taken. An x-ray of the back was taken which showed posterior lumbar interbody fusion at L4-L5 with gauge and posterior instrumentation. On June 17, 2014 the injured worker had a CT scan of the lumbar spine, which showed focal fluid collection within the surgical site. Recommend clinical correlation. L5-S1 1-2 mm posterior disk bulge without evidence of canal stenosis or neural foraminal narrowing. The injured worker was walking with an antalgic gait. On August 13, 2014, the injured worker underwent a CT guided aspiration of the surgical site of the lumbar spine, the fluid was aspirated. On October, 20, 2014, the noted stated that progress

was slow and pain continues. Laboratory toxicology screen of June 11, 2014, confirms narcotics were not being taken. Prior to the aspiration the injured worker was started on an antibiotic and Norco for pain. On November 5, 2014, the UR denied authorization for a MRI of the lumbar spine with and without contrast due to the ACOEM guidelines indicating that imaging is recommended when cauda equine, tumor, infection, or fracture or strongly suspected and plain film radiographs are negative and there was lack of such in the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine, with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for MRI of the lumbar spine with and without contrast is not medically necessary. According to the California MTUS Guidelines, imaging studies are warranted with evidence of neurological deficits such as decreased motor strength, decreased deep tendon reflexes, decreased sensation and a positive straight leg raise for those who do not respond to treatment. The clinical documentation submitted for review did not indicate the injured worker had significant neurological deficits. It was also not indicated that she was unresponsive to previous treatment for the lumbar spine. Consequently, the request is not supported. As such, the request for MRI of the lumbar spine with and without contrast is not medically necessary.