

Case Number:	CM15-0002579		
Date Assigned:	01/13/2015	Date of Injury:	03/20/2008
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 33 year old male who sustained an industrial injury when an 800 pound cabinet fell on him on March 29, 2008. The injured worker was diagnosed with a L2 burst fracture with retropulsion and spinal stenosis. The injured worker underwent an L2 corpectomy, L1-2 and L2-3 discectomy with decompression and fusion and an anterior stabilization with a lateral plate at L1-3 on November 24, 2008 followed by a posterior L1-3 stabilization on November 28, 2008. Extensive rehabilitation followed. According to the neurological examination on November 10, 2014 the injured worker continues to experience episodic pain, locking, tenderness, weakness and limited range of motion of the lumbar spine with radiation into the buttocks and numbness and tingling of both lower extremities, left greater than right. Patchy decreased sensation and weakness of the legs with slight hyper-reflexia of the knee and ankle jerks were noted. The report also documented several beats of unsustained clonus of the bilateral lower extremities. Diagnostic X-Rays of the lumbar and thoracic spine (no date documented) demonstrated degenerative changes with retained hardware. Current medications listed were Norco and Levetiracetam. The injured worker underwent 2 sessions of chiropractic therapy in December 2014. The treating physician requested authorization for MRI with Gadolinium of the lumbar spine and thoracic spine. On December 17, 2014 the Utilization Review denied certification for MRI with Gadolinium of the lumbar spine and thoracic spine. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) do not address this request therefore the Official Disability Guidelines (ODG) were used in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Gad LS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Procedure Summary

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

Decision rationale: Per AME of November 10, 2014, the injured worker complains of pain which is primarily mechanical pain in the lumbar area which is more troublesome than radicular pain. He walks with a non-antalgic gait and is able to heel and toe walk without difficulty. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability. Range of motion of the lumbosacral spine was limited. Neurologic examination of the lower extremities revealed patchy decreased sensation and weakness of the lower extremities. Slight hyperreflexia of knee jerks and ankle jerks was reported with unsustained clonus. Babinski was negative. No rigidity was documented. Gait was normal. He was able to walk on tiptoes and on heels. X-rays of the thoracic and lumbar spine demonstrated degenerative changes with retained hardware status post posterior and lateral instrumented decompression and fusion at L1-L3. The examiner requested EMG and nerve conduction studies and gadolinium enhanced MRI scans of the thoracic and lumbar spine. California MTUS guidelines recommend imaging studies in the presence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery as an option. The examination did not reveal a change in the objective neurologic findings. The injured worker was able to walk on tiptoes and on heels and his gait was normal. Straight leg raising was negative. He complained primarily of mechanical pain at the fusion site. X-rays did not show any problem with the fusion. The imaging requested is an MRI with gadolinium enhancement. In the presence of hardware and a fusion from L1-L3 with metal artifact, the MRI will not be useful as an imaging study to determine any mechanical problems at the level of the fusion or a adjacent levels. As such, the medical necessity of the request is not established.