

Case Number:	CM15-0006722		
Date Assigned:	01/26/2015	Date of Injury:	10/09/1984
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 is a 58-year-old male who reported injury on 10/09/1984. The injured worker was noted to undergo a decompression of the L5 nerve root and fusion on 04/22/1987 and a posterior bilateral L4-5 decompression, laminectomy, exploration of lumbar fusion, removal of extruded disc herniation, decompression medial facetectomies, release of the nerve roots, bilateral L4-5 repair of the dural defect, placement of allograft dural adhesion barrier graft on 06/20/2012, and a left sided sacroiliac joint fusion with intraoperative fluoroscopy on 06/11/2013. The examination of 11/13/2014 revealed the injured worker had normal strength with the exception of the left gastroc and post tib, which were 4/5. The left Achilles reflex was 1/4. There was a Request for Authorization submitted dated 12/16/2014. The documentation on 12/15/2014 revealed the injured worker had axial back pain with cramping of the left calf. The injured worker was noted to have an EMG which revealed L5 and S1 radiculopathy and the CT revealed solid interbody fusion at L5-S1, and at L3-4 there was moderate to severe stenosis. The injured worker had right foot drop. The pain had worsened over the few months. The physical examination revealed there was no tenderness in the lumbar spine. The range of motion was normal in extension, flexion, and side bending. The muscle strength was 4/5 in the left post tib, gastric, and peroneal, as well as EHL. The Achilles reflexes were 1/4 on the left. The diagnoses included postlaminectomy syndrome lumbar region. The treatment plan included an MRI of the lumbar spine with and without contrast. The request was made for the MRI without IV contrast for purposes of preoperative planning and possible inclusion of decompression at L3-4 level. The documentation of 01/12/2015 revealed the injured worker had complained of lumbar pain

and left foot drop. The physical examination revealed the same. The injured worker was noted to have left foot drop, motor deficit on examination, and worsening pain. The CT scan revealed the fusion at L5-S1 was at least partially consolidated. There was foraminal stenosis at L5-S1, and at L3-4 there was moderate severe stenosis. The request was made for an MRI with and without IV contrast of the lumbar spine for purposes of preoperative planning with the possibility of including decompression at L3-4. The physician indicated there will be possible metal artifact from the prior fusion at L5-S1, but the focus for the MRI was evaluation of the L3-4 level where there was no hardware.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Online Edition

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

Decision rationale: The Official Disability Guidelines indicate a repeat MRI should be reserved for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review indicated the MRI was for surgical planning. The examination of 11/13/2014 and prior examinations did not indicate the injured worker had foot drop. The documentation of 12/16/2014 revealed the injured worker had objective findings, foot drop and had other muscle groups with 4/5 strength, previously noted were the left post tib, and gastroc. As of 12/16/2014 the injured worker had decreased strength in the EHL and peroneal. This would that there had been a significant change in objective findings. Given the above, the request for MRI of the lumbar spine with and without contrast is medically necessary.