

Case Number:	CM15-0017643		
Date Assigned:	02/05/2015	Date of Injury:	02/28/2014
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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 48-year-old female who reported an injury on 02/28/2014. The injured worker was noted to undergo an MRI of the lumbar spine on 04/22/2014 which revealed right L5-S1 facet hypertrophy. At L4-5, there was a right paracentral annular tear and disc extrusion impinging the descending right L5 nerve root in the lateral recess. There was a Request for Authorization submitted for review dated 01/14/2015. The documentation of 12/19/2014 revealed the injured worker had a mechanism of injury being the injured worker was lifting a bottle of water off of the ground and felt low back pain. The injured worker was noted to undergo an x-ray and 7 sessions of physical therapy. The injured worker had an epidural steroid injection and MRI of the lumbar spine and was released back to work. The injured worker had complaints of severe low back pain with radiation into her right lower extremity. The injured worker indicated she had several episodes of bowel and bladder incontinence over the last several months and that the symptoms had worsened happened after her last MRI. The treatments to date included nerve block injections, ice, heat, chiropractic care, and physical medicine. Medications were noted to include butalbital. The physical examination revealed the straight leg raise was positive and motor strength was 4/5. The injured worker had difficulty with plantar flexion and dorsiflexion and was unable to perform a heel toe walk. The injured worker had an antalgic gait and had difficulty raising from a seated position. The injured worker was utilizing no assistive devices. The injured worker could squat 30%, and forward flexion was 30 degrees and extension was 10 degrees. The straight leg raise in the seated position at 60 degrees was positive. The Lasegue's was positive. The injured worker had tenderness over the lumbar spine

between L1 and L5, and there was right L1-5 tenderness. The injured worker had pain on flexion and extension. The injured worker had radiation of pain to the low back in the lower extremity. Sensation was decreased over the right L4-5 dermatome to pinprick and light touch. Diagnosis included lumbar degenerative disc disease, herniated nucleus pulposus, and lumbar radiculopathy. The treatment plan included a second MRI as the symptoms had changed, and the injured worker had several episodes of bowel and bladder incontinence. Additionally, the request was made for medications including tramadol 150 mg by mouth 1 to 2 times per day, Senokot 8.6 mg for constipation, cyclobenzaprine 7.5 mg at bedtime, and gabapentin 300 mg at bedtime. The documentation of 07/17/2014 revealed the injured worker complained of low back pain and had mild local spasms. Sciatic tenderness on the right more than the left. The nerve tension sign was positive on the right at 70 degrees. There were no neurologic deficits and the rectal tone was noted to be normal. Prior examination of 06/19/2014 revealed the injured worker had no motor sensory deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back -Lumbar and Thoracic (Acute &Chronic chapter).

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, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are recommended for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated in both June and July, the injured worker had no decreased sensation or decreased strength. The re-evaluation on 12/19/2014 revealed the injured worker had decreased sensation over the right L4-5 dermatome to pinprick and light touch, and the injured worker had motor strength of 4/5. Additionally, the prior examinations indicated the injured worker had normal rectal muscle tone. The repeat examination on 12/19/2014, while it did not indicate the injured worker had decreased rectal tone, the injured worker was noted to have multiple complaints of bowel and bladder incontinence. This would support a significant change in symptoms and objective findings. Given the above, and the documented objective findings, the request for an MRI of the lumbar spine without contrast is medically necessary.