

Case Number:	CM15-0133917		
Date Assigned:	07/22/2015	Date of Injury:	06/16/2004
Decision Date:	08/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: Illinois, California, Texas
 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:

This injured worker is a 49-year-old male who sustained an industrial injury on 6/16/04, relative to a high-speed motor vehicle accident. He sustained bilateral wrist fractures and low back injury. Conservative treatment included chiropractic, physiotherapy, medications, and activity modification. Past medical history was positive for anxiety and depression, and gastrointestinal upset. The 12/6/14 lumbar spine MRI impression documented spondylosis at L4-S1 with endplate sclerotic changes at L4, L5, and S1. At L4/5, there was a posterior annular tear in the intervertebral disc with accompanying 2-3 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing and canal stenosis. There was bilateral exiting nerve root compromise and facet hypertrophy. At L5/S1, there was bilateral neuroforaminal narrowing and canal stenosis secondary to an 8 mm broad-based posterior disc protrusion. Facet arthropathy was seen. There was bilateral exiting nerve root compromise. The 6/8/15 lumbar spine x-rays findings documented mild loss of disc height at L4/5 and L5/S1, more pronounced at L5/S1. There were small anterior osteophytes at multilevel levels with mild facet arthropathy at L4/5 and L5/S1. The 6/10/15 neurosurgical consult cited persistent grade 8-9/10 low back pain radiating to the bilateral lower extremities, primarily right sided. The injured worker reported right leg weakness and frequent buckling. Physical exam documented normal lumbar range of motion with negative bilateral straight leg raise. Neurologic exam documented normal lower extremity strength and reflexes. He was able to toe and heel walk, squat and stand without assistance. Pathological reflexes were within normal limits. MRI was reviewed and showed broad-based disc herniation eccentric to the left at L4/5 causing moderate right and severe left

lateral recess stenosis with compression of the bilateral L5 nerve roots. At L5/S1, there was a broad-based disc herniation superimposed on posterior ligamentous thickening and bilateral facet hypertrophy resulting in severe bilateral lateral recess stenosis with marked compression of the bilateral S1 nerve roots, right greater than left. X-rays demonstrated moderate degeneration of L5/S1 and mild change at L4/5. The neurosurgeon discussed operative and non-operative treatment options. The injured worker did not want injections. The treatment plan recommended L4-S1 transforaminal lumbar interbody fusion. Laminectomy and complete discectomy would be required at both L4/5 and L5/S1, in addition to significant facetectomies, which would be destabilizing and mandate fusion with instrumentation. Authorization was requested for pre-operative MRI of the lumbar spine without contrast, and pre-operative CT scan of the lumbar spine with sagittal reconstruction without contrast. The 6/22/15 utilization review non-certified the pre-operative MRI and CT scan of the lumbar spine as the associated surgical request was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative: MRI (magnetic resonance imaging) Lumbar Spine, without contrast:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines do not provide recommendations for repeat MRI. Guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines state the repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating to both legs. Clinical exam findings do not evidence a progressive or severe neurologic deficit. A lumbar spine MRI was performed on 12/6/14 and there is no indication that this was found inadequate to determine surgical need. There is no compelling to support the medical necessity of repeat MRI at this time. Additionally, there is no evidence that the associated surgery has been approved. Therefore, this request is not medically necessary.

Pre-operative: CT (computed tomography) scan, Lumbar Spine with sagittal reconstruction without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: CT (computed tomography).

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines recommend computed tomography (CT scan) for patients with a history of lumbar spine trauma or to evaluate pars defects not identified on plain x-rays. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating to both legs. Lumbar spine MRI was performed with evidence of spinal stenosis and nerve root compromise. There is no evidence that pars defects exist and require further investigation. There is no compelling rationale presented to support the medical necessity of additional imaging at this time. Additionally, there is no evidence that the associated surgery has been approved. Therefore, this request is not medically necessary.