

Case Number:	CM15-0143918		
Date Assigned:	08/04/2015	Date of Injury:	09/17/2004
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 (IW) is a 52 year old male who sustained an industrial injury on 09-17-2004. The original injury report and mechanism of injury are not found in the records provided. The injured worker's current diagnoses are: Reflex sympathetic dystrophy lower limb. Myospasm above fusion. Lumbago of the left iliolumbar ligament. Postlaminectomy syndrome. Lumbar 05-28-14. Lumbosacral neuritis. Other chronic postoperative pain. Joint pain left leg, right medial collateral ligament and meniscus. Hypothyroid Treatment to date has included a lumbar disc replacement and fusion 05-28-14, medications, physical therapy, lumbar epidural steroid injections, heat treatment, use of a transcutaneous electrical nerve stimulation (TENS) unit, trigger point injection, facet joint injection, and acupuncture. He has had multiple radiologic images. Currently, the injured worker complains of a flare of his back pain, and has migrating right to left leg pain described as an achy numbness in the back of legs and feet. His pain in the lumbar spine is described as aching, burning spasm and rated a 6 on a scale of 10, and bilateral sciatica described as spasm and now felt more in the right side. He has right hip pain described as sharp, and difficulty sleeping. Pain is triggered at times by activity but can happen without activity also. Rest makes his pain better. His current medications are Soma, Celebrex, Lidoderm, Halcion, and Synthroid. His current office visit is for a Toradol injection. He is working. On exam, he has tenderness to palpation over the right and left lumbar facets, spasm in the right and left thoracic, lumbar, buttocks, lumbosacral area and left lateral hip. Straight leg raise is positive on the right at 80 degrees and on the left at 85 degrees. The treatment plan includes continuation of current medications, consider performing a lumbar steroid epidural, and discontinue Norco. Other medications are reviewed. A request for authorization was made for the following:

1. Celebrex 200mg #30. 2. 1 follow up visit3. MRI lumbar spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 Official Disability Guidelines, Low Back.

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 chapter under MRI.

Decision rationale: The patient presents on 08/04/15 with lumbar spine pain rated 6/10 which radiates into the bilateral lower extremities, right greater than left. The patient's date of injury is 09/17/04. Patient is status post lumbar ESI on 05/01/13, status post L4-L5 fusion on 05/28/14, and status post L5-S1 disc replacement/fusion at a date unspecified. The request is for MRI lumbar spine with and without contrast. The RFA is dated 08/06/15. Physical examination dated 08/04/15 reveals tenderness to palpation of the lumbar spine, bilateral lumbar facets with spasms noted, and diminished sensation in the bilateral lower extremities along the L4 and L5 dermatomal distributions. The provider also notes positive straight leg raise test bilaterally. The patient is currently prescribed Celebrex, Norco, Soma, Synthroid, Lidoderm, and Halcion. Diagnostic imaging was not included. Patient is currently working. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the repeat lumbar MRI with and without contrast, the request is appropriate. Progress note dated 08/04/15 states the reason for the request: "Patient has significant increase in symptoms consistent with radiculopathy into the bilateral lower extremity. This is indicative of significant nerve root compression and it is medically indicated for this patient to have a new MRI of the lumbar spine given that he has had lumbar surgery in the past including disc replacement at L5-S1... Pt has not had an MRI since 9/20/2013 and has had a significant increase in radicular symptoms since that time." The associated physical examination findings support this conclusion, namely the presence of decreased sensation along the L4 and L5 dermatomal distributions, and positive straight leg raise bilaterally. Given this patient's worsening radicular pain, evidence of neurological compromise

in the bilateral lower extremities, and this patient's significant surgical history, a repeat lumbar MRI is warranted to improve this patient's course of care. Therefore, the request IS medically necessary.