

Case Number:	CM15-0165733		
Date Assigned:	09/03/2015	Date of Injury:	11/21/2014
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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 is a 34 year old male who sustained an injury on 11-21-14 resulting when loading paper from one pallet to another throughout the day and when going down the IW experienced pain to the right upper leg. Diagnoses include right lower extremity radiculopathy, L5-S1; degenerative disk disease, L5-S1; history of laminotomy, left sided L5-S1. On 3-10-15 a revision to the lumbar spine; right sided L5-S1 laminotomy with partial medial facetectomy; right sided L5-S1 microdiscectomy; right sided L5-S1 foraminal decompression was performed. The examination on 6-11 15 reports improvement in his leg since surgery and that the physical therapy was also helping. The pain was rated 7-8 out of 10 and is intermittent. The MRI lumbar spine performed on 12-2-14 reveals at L5-S1 there is evidence of previous left laminectomy; large posterior central and right paracentral disc extrusion which extends below the level of the disc and posterior displaces the traversing right S2 nerve root and abuts the traversing right S1 nerve root in the right later recess; mild degenerative change at additional levels in the lumbar spine. Currently per the PR2 examination from 7-23-15 subjective complaints are progressive worsening pain that goes into the right buttocks and into the right posterior thigh. There is no tenderness to palpation in the lumbosacral junction; straight leg on the right at 70 degrees causes pain down his leg. Motor examination in the lower extremities shows some give-way in the right foot; deep tendon reflexes are symmetric. Diagnoses are status post lumbar decompression at L5-S1. The examination of the lumbar spine reveals the incision has healed. This was the second surgery and his symptoms have started coming back. An MRI with gadolinium was requested to make sure that he does not have any herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine with Gadolinium: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents on 07/23/15 with progressively worsening lumbar spine pain which radiates into the right buttocks. The patient's date of injury is 11/21/14. Patient is status post lumbar decompression from L5-S1 levels. The request is for MRI of lumbar spine with Gadolinium. The RFA was not provided. Physical examination dated 07/23/15 reveals a well healed lumbar incision, decreased lumbar range of motion, positive straight leg raise test on the right, and some "give-way" in the right foot, positive Tension test to an unspecified side, with otherwise unremarkable lower extremity strength and sensation. The patient's current medication regimen is not provided. Patient's currently advised to remain off work for an unspecified duration. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the repeat MRI of the lumbar spine, the request is appropriate. This patient underwent MRI imaging of the lumbar spine on 12/02/14 with evidence of prior laminectomy and disc extrusions at several levels. Per progress note dated 07/23/15, the provider states the reason for the request: "His symptoms have started coming back. He has got a positive Tension test today. I am going to request an MRI with gadolinium to make sure that he does not have any herniation." The progress note associated with this request does note that this patient's right foot exhibits some "give-way", though neurological function and strength in the lower extremities is otherwise intact and largely unchanged from previous reports. However, this patient is several months post-laminectomy, the provider suspects recurrent herniation. Given the recent surgery, this patient's increasing pain, and evidence of some neurological compromise, a repeat MRI with contrast is an appropriate measure. Therefore, the request is medically necessary.