

Case Number:	CM15-0199811		
Date Assigned:	10/15/2015	Date of Injury:	04/20/2012
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 04-20-2012. A review of the medical records indicates that the worker is undergoing treatment for degenerative disc disease of L5-S1 and lumbago status post lumbar fusion surgery. An April 3, 2015 progress note indicates that MRI of the lumbar spine (date unspecified) was noted to show significant degeneration of L5-S1 and mild retrolisthesis at L5-S1 and that the injured worker should have surgery given the failure of conservative treatment. The injured worker underwent L5-S1 anterior lumbar interbody fusion on 06-22-2015. Subjective complaints (07-09-2015) were not documented. The injured worker was noted to be doing very well post-operatively and low back pain was noted to have gotten a lot better. Objective findings shows some swelling in the abdomen with good strength and sensation in the bilateral lower extremities. Subjective complaints (08-17-2015) include moderate right lower extremity pain anywhere from 0-5 out of 10 and back pain was noted to be calming down. Objective findings (08-17-2015) showed good strength and sensation in the bilateral lower extremities except for her right foot inversion, which was 5-out of 5. The injured worker was noted to be getting mild right lower extremity pain if she was sitting or lying down too long. The physician's plan was to request physical therapy. Subjective complaints (09-17-2015) include severe right lower extremity pain. Objective findings (09-17-2015) include mild weakness in the right plantar flexors and dorsiflexors of her foot with decreased sensation to the right heel. X-rays anterior-posterior and lateral of the lumbar spine taken that day were noted to show that components were in excellent position with nothing shifted, changed or moved. The physician noted that the injured worker would require an MRI of

the lumbar spine to figure out why she was having relatively new onset severe pain in the right lower extremity. The suspected cause of the symptoms was not documented. Treatment prior to the 06-22-2015 surgery has included pain medication, physical therapy, injections and surgery. Treatment rendered for pain after surgery was not documented. Physical therapy was noted as having been requested but there was no indication that visits had been received. A utilization review dated 09-30-2015 non-certified a request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in April 2012. Her injury occurred when a box fell on her back. She had a history of a prior L5/S1 microdiscectomy. In October 2014, she underwent a repeat L5/S1 decompression with microdiscectomy. In January 2015, she had done well until starting physical therapy. She was having increasing right lower extremity pain. She had right foot plantar numbness and plantar flexion weakness. On 06/22/15, she underwent an anterior L5/S1 fusion. She was discharged on 06/26/15. In August 2015, she was overall doing well. Her back pain was calming down. She was having moderate right lower extremity pain ranging from 0-5/10. Physical examination findings included decreased right ankle inversion strength. When seen in September 2015 she was having severe right lower extremity pain. VAS pain scores were not recorded. She had mild ankle weakness and decreased right heel sensation. An x-ray of the lumbar spine showed expected postoperative findings. Lyrica was prescribed. Authorization for another MRI scan was requested. Guidelines indicate that a repeat MRI of the lumbar spine 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). In this case, the claimant has right lower extremity weakness and decreased sensation that has been present since at least January 2015. Although she had improved after surgery, there is no progressive neurological deficit. She had pain described as severe but without reported VAS scores and had pain up to 5/10 one month before. Lyrica was started and other conservative treatments had not been provided. Therefore, when requested, the repeat MRI scan of the lumbar spine was not medically necessary.