

Case Number:	CM15-0216959		
Date Assigned:	11/06/2015	Date of Injury:	05/22/1990
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 68 year old female who sustained an industrial injury on 05-22-1990. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago, multi-level lumbar degenerative disc disease and left leg sciatica. The injured worker is status post L4-5 lumbar fusion in 2002 followed by irrigation and debridement secondary to infection a few weeks later and an additional fusion with rods in 2008. According to the latest treating physician's progress report on 04-28-2015 submitted for review, the injured worker continues to experience chronic low back pain radiating to the bilateral legs without weakness, numbness or paresthesias. Examination demonstrated diffuse tenderness of the lumbar spine. Range of motion was documented at 10 degrees flexion, extension and bilateral lateral tilt. The injured worker reported hypesthesia to pinprick and light touch in the right lower extremity in a non-dermatomal pattern in comparison the left side. Motor strength was 5 out of 5 in the lower extremity. Knee reflexes at L4 were trace bilaterally and ankle reflexes were absent. Straight leg raise and Lasegue's tests produced low back pain, but no sciatica on either side. Official reports of electrodiagnostic studies of the lower extremities performed on 04-27-2015 were included in the medical review. Prior treatments have included diagnostic testing, surgery, pain management and medications. Current medications were listed as Hydrocodone, Zolpidem and Pantoprazole. Treatment plan consists of treatment with Suboxone and detox which the injured worker declined and the current request for MRI with contrast lumbar spine. On 10-28-2015 the Utilization Review determined the request for MRI with contrast lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with intra articular contrast (arthrogram) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

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 has a remote history of a work injury occurring in May 1990 when she slipped and fell with injury to the low back. She underwent lumbar spine fusion surgery in 2002 with additional fusion surgery performed in 2008 which was complicated by infection requiring irrigation and debridement. She continues to be treated for chronic pain. Treatments have included physical therapy, injections, medications, and participation in a functional restoration program. Electrodiagnostic testing in April 2015 showed findings of a left L5/S1 radiculopathy. When seen, her symptoms were unchanged. She was having chronic bilateral leg pain without weakness, numbness, or paresthesias. Physical examination findings included diffuse lumbar tenderness with markedly restricted range of motion. She had diffuse hypesthesia to pinprick and light touch in the right lower extremity in a non-dermatomal pattern. Strength testing was normal. Ankle reflexes were absent. There was low back pain with straight leg raising without sciatic symptoms. Authorization is being requested for a gadolinium enhanced lumbar spine MRI scan. An MRI is the test of choice for patients with prior back surgery. 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 tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, there are no radicular symptoms or physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. Although the claimant has a history of lumbar spine surgery in 2008 complicated by infection, there are no current findings or lab tests that suggest that an ongoing infection is present. Assessing her fusion would start with plan film x-ray and including flexion and extension views and could include a CT scan if needed. She has a history of two lumbar fusions and artifact would complicate interpretation of an MRI scan. For these reasons, the requested scan is not medically necessary.