

Case Number:	CM15-0220327		
Date Assigned:	11/16/2015	Date of Injury:	12/11/2012
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 41 year old female with an industrial injury date of 12-11-2012. Medical record review indicates she is being treated for status post left lumbar 4-5 decompression and laminectomy on 8/25/15, persistent left lumbosacral radiculopathy and internal disc derangement secondary to lumbar 4-5 disc protrusion. In the treatment note dated 10-02-2015 the injured worker presented with complaints of pain. "She doesn't like the medication" (causing nausea, vomiting and dizziness.) Prior treatments included transforaminal epidural steroid injections, sacroiliac joint injections, physical therapy, aquatic therapy, chiropractic care, myofascial release and medications. Physical exam (10-02-2015) noted "nerve stretch findings in the left leg. The treating physician noted the injured worker did not have a fever but he was requesting an ESR and CRP to rule out discitis. A repeat MRI was also ordered. On 10-12-2015 utilization review non-certified the request for the following treatments: MRI of lumbar spine with contrast and without contrast ESR and CRP. The patient had X-ray of the lumbar spine on 6/17/14 that was normal; MRI of the lumbar spine on 6/17/14 that revealed disc protrusions, central canal narrowing. The patient sustained the injury due to lifting. The patient had received an unspecified number of aquatic and PT visits for this injury. The medication list include Tramadol, Medrol dose pack, Vicodin, Norco and Neurontin. The patient had used a cane for this injury. Per the neurological consultation note dated 7/20/15 the patient had complaints of low back pain with radiation in left leg. Physical examination of the lumbar spine revealed positive SLR, 4/5 strength, muscle spasm, and numbness in leg. Per the note dated 10/16/15 the patient had complaints of severe low back pain and leg pain worse than before surgery. The patient had nausea, vomiting and pain in right upper quadrant of abdomen Physical examination of the lumbar spine revealed antalgic gait and tenderness on palpation over right upper quadrant.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with and without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition, Low Back (updated 12/02/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI of the lumbar spine with and without contrast. Per the ACOEM low back guidelines cited 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. The patient had diagnoses of status post left lumbar 4-5 decompression and laminectomy on 8/25/15, persistent left lumbosacral radiculopathy and internal disc derangement secondary to lumbar 4-5 disc protrusion. In the treatment note dated 10-02-2015 the injured worker presented with complaints of pain. Physical exam (10-02-2015) noted "nerve stretch findings in the left leg. The patient had used a cane for this injury. Per the neurological consultation note dated 7/20/15 the patient had complaints of low back pain with radiation in left leg. Physical examination of the lumbar spine revealed positive SLR, 4/5 strength, muscle spasm, and numbness in leg. Per the note dated 10/16/15 the patient had complaints of severe low back pain and leg pain worse than before surgery. Therefore, the patient has chronic pain with significant objective findings suggestive of possible neurocompression. The patient has been treated already with medications and physical therapy. An MRI is medically necessary and appropriate evaluate the symptoms further and to rule out any red flag pathology including any post operative complications. The request of the MRI of the lumbar spine with and without contrast is deemed medically appropriate and necessary for this patient.

Labs: ESR and CRP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org/understanding/analytes/crp/tab/test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed. The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009; 11(5): 371. PubMedRheumatoid arthritis: relation of serum C-reactive protein and erythrocyte sedimentation rates to radiographic changes. Br Med J. 1977; 1(6055): 195.

Decision rationale: Labs: ESR and CRPACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guideline: Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease. The patient had diagnoses of status post left lumbar 4-5 decompression and laminectomy on 8/25/15, persistent left lumbosacral radiculopathy and internal disc derangement secondary to lumbar 4-5 disc protrusion. In the treatment note dated 10-02-2015 the injured worker presented with complaints of pain. Physical exam (10-02-2015) noted "nerve stretch findings" in the left leg. The patient had used a cane for this injury. Per the note dated 10/16/15 the patient had complaints of severe low back pain and leg pain worse than before surgery. Labs: ESR and CRP would help to screen for the presence of a subtle or sub clinical infection or inflammation including any possible post operative infection after the lumbar surgery on 8/25/15. Therefore the Labs: ESR and CRP would aid in further management. The request for Labs: ESR and CRP is medically necessary and appropriate.