

Case Number:	CM15-0083865		
Date Assigned:	05/06/2015	Date of Injury:	06/05/2003
Decision Date:	06/04/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency Medicine

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 53 year old male, who sustained an industrial injury on June 5, 2003. He reported a significant electrical shock with multiple burns to the upper extremities and multiple injuries to his spine and joints. The injured worker was diagnosed as having lumbar 2-3 and lumbar 3-4 disc degeneration; chronic low back pain; lumbar radiculopathy burst fracture, status post surgery; status post l2-3 and lumbar 3-4 discectomy and anterior lumbar interbody fusion through an eXtreme Lateral Interbody Fusion (X-LIF) approach in 2011; status post removal of anterior instrumentation; lumbar 3 corpectomy; annular tear lumbar 2-3 and lumbar 3-4 confirmed by discography with severe concordant pain, status post removal of lumbar 2-4 hardware in 2013, left sacroiliac joint dysfunction, and left lumbar 4 radiculopathy. Diagnostic studies to date include CT and x-rays. On March 10, 2015, the x-rays of the lumbar spine revealed evidence of an L3 corpectomy and lumbar 2-4 fusion, moderately severe disc height loss at lumbar 5-sacral 1, facet arthropathy at lumbar 4-5 and lumbar 5-sacral1, and no instability and no fracture. Treatment to date has included home exercise program, an H-wave unit, surgery, and medications including opioid, muscle relaxant, and anti-epilepsy. On March 15, 2015, the injured worker complains of constant tightness and pressure of the left upper buttocks over the sacroiliac joint. He complains of intermittent stabbing that radiates to the left waist and left anterior thigh burning pain that ends at the knee. The physical exam revealed no gait abnormality or weakness with toe and heel walking. There was left sacroiliac joint tenderness, decreased sensation over the left lumbar 4 dermatome distribution, and normal bilateral lower extremities reflexes. The bilateral lower extremities motor power was normal except for the left

hip flexion was trace. The left straight leg raise at 80 degrees and sacroiliac joint provocation tests were positive. The treatment plan includes an MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) without contrast, lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The patient has a complex history dating back to June of 2003 with multiple procedures performed and treatments rendered. Most recently the patient has complained of persistent pain and the waist and thigh. Physical exam findings on 4/15/2015 do indicate a change in neurologic exam findings with left L4 sensory deficit as well as motor strength reduction revealing trace/5 left hip flexion. The MTUS guidelines state that an MRI should be reserved for cases where red flags are seen, including cauda equina syndrome, sensory deficits, motor weakness, bowel/bladder incontinence. There is adequate documentation to support a repeat MRI to aid in diagnosis and management of potential nerve compression syndrome. As such, this is deemed medically necessary.