

Case Number:	CM15-0086857		
Date Assigned:	05/11/2015	Date of Injury:	07/26/2011
Decision Date:	06/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/06/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old female, who sustained an industrial injury on July 26, 2011. The injured worker was diagnosed as having C5-C6 disc injury, right trapezial strain, and right shoulder strain, bilateral L4-L5 stenosis with left greater than right radiculopathy - electromyography (EMG) / nerve conduction velocity (NCV) positive at S1, coccydynia, and status post L4-L5 and L5-S1 bilateral laminectomy. Treatment to date has included lumbar laminectomy, selective nerve root block, physical therapy, and medication. Currently, the injured worker complains of persistent stabbing pain in the low back, stabbing neck pain, stabbing right shoulder pain, aching left calf pain, bilateral foot numbness, burning pain in the left arm and anterior aspect of her left leg, and pins and needles sensation in the hands. The Treating Physician's report dated March 18, 2015, noted the injured worker reporting her medications, including Tramadol, Gabapentin, Zoloft, Trazodone, and Prilosec, help her temporarily. Physical examination was noted to show positive tenderness in the paraspinous musculature of the thoracolumbar region, with midline tenderness noted in the lumbar spine. Increased pain with range of motion (ROM), and increased spasm. The injured worker was noted to have a positive electromyography (EMG)/nerve conduction velocity (NCV). The treatment plan was noted to include requests for authorization for the injured worker to undergo a lumbar spine MRI with gadolinium, and a cervical spine MRI, with re-evaluation within six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) lumbar with Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM cervical and thoracic spine disorders MRI section.

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

Decision rationale: The injured worker has undergone MRI imaging in the past prior to undergoing laminectomy at L4-5 and epidural steroid injections. Since there is no report of new injury since that time and clinical records do not indicate a significant change in condition including physical exam findings, renewal of MRI imaging of the lumbar spine is not medically necessary at this time.