

Case Number:	CM14-0144465		
Date Assigned:	09/12/2014	Date of Injury:	05/29/2009
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 34 year old female with a work injury dated 5/29/09. The diagnoses include L4-5 disc degenerative; depression reactive; bilateral S1 lumbar radiculopathy; L5-S 1 spondylolisthesis; complex regional pain syndrome; possible lumbar facetally generated pain, bilaterally. The patient is status post L5-S1 fusion for spondylolisthesis with pars fracture. Under consideration is a request for MRI of the lumbar spine without contrast. Physician's report dated 03/19/14 indicates that the claimant is taking opioids again. The claimant had the epidural and it has now worn off. Pain is rated 4-8/10. The claimant is thermally sensitive, has allodynia, hyperalgesia, swelling, and sweating of the right leg and foot. The claimant is unable to get back up from a forward flexed position easily, because claimant "locks up". Current medications include Oxycodone, Topamax, and Trazodone. Examination of the back and lower extremities reveals spasm in the bilateral upper gluteal and tenderness of all inters paces of the spine and L3, L4, and L5 facets bilaterally. There is limited range of motion in the back. Straight leg raise is positive bilaterally. There is trace patellar reflex on the right and 1 + on the left. There is weakness in bilateral knee extension. The left knee is cooler to touch than the right with slight duskiness of the left great toe. The claimant remains significantly depressed and the claimant has had no intervention even through it has been recommended bypsychiatric AME. The provider recommends Percocet 10/325mg #60 as needed for pain, Topamax 100mg, as it helps the leg pain and sleep and Desyrel 150mg for sleep, mood, and pain, as it helps the mood and sleep.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MRI of the lumbar spine without contrast is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation submitted does not reveal a plan for lumbar surgery or evidence of red flag conditions. The request for MRI of the lumbar spine without contrast is not medically necessary.