

Case Number:	CM14-0161267		
Date Assigned:	10/06/2014	Date of Injury:	03/14/2010
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old female who reported a work related injury on 03/14/2014. The mechanism of injury was not provided for review. The injured worker's diagnoses were noted to include left L5 foraminal stenosis due to bone on bone growth, symptomatic retained hardware, status post L5-S1 decompression, and bilateral L5 radiculopathy. The injured worker's past treatment was noted to include surgical intervention and medication management. The injured worker's diagnostic studies were noted to include MRI of the lumbar spine dated 04/01/2013 which revealed no evidence for vertebral body fracture or scoliosis. It was also noted that the distal spinal cord, the conus medullaris, and cauda equina were normal. The L5- S1 disc level demonstrated interval removal of the bilateral transpedicular screws and vertical uniting rod, and stable presentation of the anterolisthesis to the bilateral pars interarticularis deficit. Spinal canal now was noted to be decompressed due to laminectomy defect through stable moderate to severe foraminal narrowing was identified on the left. It was also noted that mild spondylosis was present at L4-5. Surgical history was noted to include a lumbar osteotomy and laminectomy on 02/10/2011 and a post L5/S1 decompression on an unspecified date, and an L5-S1 posterior spinal fusion on an unspecified date. Upon examination on 08/27/2014, the injured worker had complaints of low back pain, which she rated as a 2/10 to 3/10 on a VAS pain scale with medication and 4/10 to 6/10 without medication. She stated the pain radiates down the left posterior thigh through the calf to the foot, which she rated as a 3/10 to 4/10 with medication and a 4/10 to 6/10 without medication on a VAS pain scale. She also stated she had a recent onset of right anterior thigh pain below the groin, which she rated as a 2/10 to 3/10 with medication and a 3/10 to 4/10 with medication on a VAS pain scale. It was noted that she had difficulty sleeping due to the pain and inability to stay in 1 position for extended periods of time.

Upon examination of the lower extremities and lower lumbar spine it was noted the injured worker walked with a normal gait and had a normal heel toe swing through gait with no evidence of a limp. There was no evidence of weakness, walking on the toes or heels. It was also noted that there was no swelling or gross atrophy of the paravertebral muscles. There was also no evidence of scoliosis and there was normal lordosis. The treatment plan consisted of authorization for flexion and extension x-ray of the lumbar spine, request for authorization for an MRI scan for the lumbar spine without contrast, MRI scan of the right hip without contrast, contact private physician regarding high blood pressure, and followup in 4 to 6 weeks. The rationale for the request for the MRI of the lumbar spine was noted to be for re-evaluation of the radicular symptoms. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 online, treatment of low back conditions

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: An MRI scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines only support a repeat MRI if there is progress of neurological deficits or new injury. The medical records provided for review indicate the injured worker had a previous MRI. The documentation provided for review lacked progressive neurological deficits or new radiculopathy. Additionally, MRI was provided last year, without new symptoms, the medical necessity for MRI of the lumbar spine cannot be warranted. As such, an MRI scan of the lumbar spine is not medically necessary.