MAXIMUS Federal Services

Case Number:	CM14-0094269		
Date Assigned:	07/25/2014	Date of Injury:	11/06/1997
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 74 year old female with date of injury 11/6/97. The treating physician report dated 4/22/14 indicates that the patient presents with constant severe right sided radiating leg pain down the calf and top of the ankle. The physical examination findings reveal intact gait with slight favor of the right leg when walking, lumbar flexion is 50 and extension is 10 degrees, normal lower extremity strength, decreased sensation along the right lateral leg and foot with normal straight leg raise. The current diagnoses are right lumbar radiculopathy, status post L5/S1 micro discectomy 5/23/13, status post L2-L5 fusion in 2000.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Lumbar Spine with and without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar chapter.

Decision rationale: The patient presents with constant severe right sided radiating leg pain down the calf and top of the ankle. The current request is for Repeat MRI Lumbar Spine with and without contrast. In reviewing the records reviewed in the utilization review report dated 6/4/14 it states that there was a lumbar MRI was last performed on 10/14/11 which was positive for surgical changes, L5/S1 findings included facet arthropathy, greater on the right, contact of the right S1 nerve root in the lateral recess and partial compression of the exiting right L5 nerve root. The ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In reviewing the reports provided there is documented worsening of right leg pain from 11/26/13 to 4/22/14 that was not improved with BuTrans patch, Norco or exercises. The ODG guidelines state that MRI's are test of choice for patients with prior back surgery with significant change in symptoms suggestive of neurocompression or recurrent disc herniation. In this case the patient has had two prior back surgeries. The first was a fusion of L2-L5 14 years ago and then a micro-discectomy at L5/S1 on 5/23/13 that provided relief with gradual worsening of right leg pain. There is documentation of worsening of her symptoms and the treating physician is fearful of worsening of the previous S1 nerve compression. As such, the request is medically necessary.