

Case Number:	CM14-0213637		
Date Assigned:	12/31/2014	Date of Injury:	07/11/2008
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabn, Pain Management

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 fifty-seven year-old male with an original industrial injury on July 11, 2008. The industrial diagnoses include chronic low back, headache, lumbar radiculitis, lumbar stenosis, and there is associated numbness in the lower extremities. The patient underwent a bilateral L4-5 and L5-S1 laminotomy performed on 10/20/2014. The patient post-operatively was noted to have position headache and radiating left hip and leg pains in a visit on 11/2/2014. The disputed issue is a request for lumbar MRI. A utilization review determination on December 12, 2014 had denied this request. The rationale provided was that repeat MRI should be reserved for a significant change in pathology only and this was not noted in this worker. The utilization reviewer pointed out that the last MRI was performed on September 17, 2014, and that no significant change in symptomatology was noted since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases where a significant change on pathology has occurred. Within the documentation available for review, there is a lumbar MRI study performed in September 2014, and then a bilateral L4-5 and L5-S1 laminotomy performed on 10/20/2014. The patient post-operatively was noted to have positional headache and radiating left hip and leg pains in a visit on 11/2/2014 (a significant change from pre-operative symptoms). A progress note on 12/4/2014 specifies that the goal of the lumbar MRI is to identify pseudomeningocele. The exam documents that motor exam is limited due to pain and that AROM of the lumbar spine is painful. Given the symptomatology of positional headache, and the fact pseudomeningocele is a possible complication of spine surgery, this request is medically appropriate.