

Case Number:	CM14-0219194		
Date Assigned:	01/09/2015	Date of Injury:	04/13/2012
Decision Date:	03/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 53 year old male, who sustained an industrial injury on April 13, 2012. He has reported an injury to his low back when he stepped on a dolly and fell to the ground. The diagnoses have included lumbosacral radiculitis. Treatment to date has included an L5-S1 microdiscectomy performed on April 24, 2014. An MRI of the lumbar spine was performed on June 23, 2013 and revealed disk degeneration of the L5-S1 level and disk desiccation of the L3-L4 and L1-L2 levels. Currently, the injured worker complains of continued low back pain and right leg pain associated with numbness and sensory issues. The low back pain is described as burning, shooting, sharp, dull/aching and throbbing. He reports that he does not feel any different since he had his surgery and his sleep is poor due to pain. He reports his pain is a 5-6 on a 10/point scale. On December 1, 2014 Utilization Review non-certified a request for an MRI of the lumbar spine without contrast, noting there was no information provided regarding the injured worker's status in the period following his surgery to evaluate the change in the injured worker's pain. The California MTUS/ACOEM was cited. On December 30, 2014, the injured worker submitted an application for IMR for review of an MRI of the lumbar spine

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with lower back pain rated 5-6/10 with medications, and right leg pain that is associated with numbness and loss of sensation. The request is for MRI OF THE LUMBAR SPINE. Patient is status post L5-S1 microdisectomy surgery 04/24/14. Patient has trialed physical therapy sessions, medication management, and has had 2 Right L5-S1 ESIs, one on 12/19/12 and another on 03/13/13, without much gain. Per 11/12/14 progress report, patient's medications include Cyclobenzaprine, Zyprexa, Norco, Zolofit and Prilosec. Patient is temporary totally disabled. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "MRI are tests of choice for patients with prior back surgery, for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)." Per 11/19/14 progress report, treater is requesting a lumbar MRI based on the history of trauma and evidence of ongoing neurological deficit where the patient has failed to respond to conservative treatment measures. Physical exam per 06/06/14 progress report revealed sensory neurologic deficit. The patient presents with persistent pain in the lower back and right lower extremity, and there is no record of MRI taken postoperatively. The request meets ODG guideline indications. Therefore, the request for lumbar MRI IS medically necessary.