

Case Number:	CM15-0119057		
Date Assigned:	06/29/2015	Date of Injury:	03/30/2012
Decision Date:	07/28/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/19/2015

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 42 year old male, who sustained an industrial injury on 3/30/2012. Diagnoses include delayed onset of right foot drop following lumbar fusion at L5-S1. Treatment to date has included surgical intervention (lumbar hemilaminectomy and posterior fusion 4/10/2015) followed by inpatient physical therapy and conservative care including diagnostics and, medications. Computed tomography (CT) scan of the lumbar spine dated 5/11/2015 showed posterior trans lumbar fusion at L4-5 without hardware failure or misalignment. Per the Primary Treating Physician's Progress Report dated 6/02/2015, the injured worker reported the onset of right L5 myotome weakness affecting primarily the EHL on the 3rd postoperative day. Prior to that he had no weakness. He also reports persistent numbness distal to the knee on the right with onset on the 3rd postoperative day. He was 6 weeks status post L5-S1 right hemilaminectomy with right S1 neurolysis and discectomy with interbody fusion and pedicle screw instrumentation. Physical examination revealed healed surgical wounds. There was tenderness to digital pressure over the mid lumbar area and the right sciatic notch. Strength was normal but there was a spotty decrease in pinprick of the distal right lower extremity which was non- dermatomal. The plan of care included medications and diagnostic imaging and an authorization was requested for magnetic resonance imaging (MRI) lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient underwent lumbar L4-S1 fusion in April 2015. He has had two post-operative CT scan in April and May of 2015 showed posterior trans lumbar fusion at L4-5 without hardware failure or misalignment. It appears the patient has not began PT as there is no report provided. Although the patient has complaints of some weakness and numbness; however, the provider has not documented specific correlating clinical exam findings of such. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The exam is without correlating neurological deficits or clinical findings to support for the study with two postop CT scan without hardware failure or malalignment. Additionally, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Lumbar MRI with and without contrast is not medically necessary and appropriate.