

Case Number:	CM15-0128307		
Date Assigned:	07/15/2015	Date of Injury:	01/05/2009
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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: Pennsylvania, Ohio, 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:

This injured worker is a 52 year old male who reported an industrial injury on 1/5/2009. His diagnoses, and or impression, were noted to include: worsening residuals of lumbar herniated nucleus pulposus syndrome, status-post excisions x 3; post-lumbar laminectomy syndrome; lumbosacral radiculopathy; and thoracic/lumbar Schmorl's nodes. No current imaging studies were noted. His treatments were noted to include consultations; diagnostic imaging studies; 3 lumbar herniation surgeries (2009, 2010 & 2013); physical therapy and home exercise program; lumbar epidural steroid injection therapy; trial of a trans-cutaneous electrical stimulation unit; minimal medication management; and a continued return to work. The progress notes of 3/24/2015 reported progressively worsening and constant low back and left leg pain, with paresthesias and numbness, worsened by activities, and taking minimal medications to work 40 hours/week. Objective findings were noted to include the rejection for recommended operative salvage multi-level laminectomy-fusion procedure; obvious distress sitting and standing; localized back pain, worse in the right low lumbar region, below lumbosacral junction; moderate bilateral para-vertebral muscle spasms; positive bilateral Patrick's, bilateral straight leg, and Spruling's tests; tender left sciatic notch; limited multiple motor groups in the left lower extremity due to pain; moderately dense hyperesthesia in the left lower extremity, and high in the right (unchanged); decreased deep tendon reflexes in the bilateral knee joints; and a markedly abnormal antalgic gait with forward flexion and strong favoring of the left leg. The physician's requests for treatments were noted to include new diagnostic magnetic resonance imaging studies and x-rays of the lumbar spine, and diagnostic laboratories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI w/o contrast: 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), Low back chapter - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: MTUS/ACOEM recommends MRI L Spine if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. Additionally there is no indication at this time for a repeat MRI. The rationale/indication for the requested lumbar MRI is not apparent. This request is not medically necessary.

Lumbar x-ray: 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.

Decision rationale: MTUS recommends lumbar plain films only in the presence of red flag findings suggesting serious pathology. Such a rationale would particularly apply in this case given that prior x-rays of the LSPINE did not suggest serious pathology and there has been no documented change to support an indication for plain films at this time. Therefore, this request is not medically necessary.

Lab: ESR CBC Chem 7: 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), Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: These lab studies have been requested with regard to a request for an MRI study with contrast. The MRI study has been deemed not medically necessary. Therefore it follows that the related lab studies are not medically necessary.