

Case Number:	CM14-0146220		
Date Assigned:	09/12/2014	Date of Injury:	11/13/2009
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 51 year old female who sustained an injury to her low back on 11/13/09. The mechanism of injury was not documented. Electromyography (EMG)/ Nerve conduction velocity (NCV) dated 01/05/10 revealed electrophysiological evidence of bilateral L5 radiculopathy. CT scan of the lumbar spine dated 04/02/13 revealed small T11-12 calcified disc which was left paracentral; mild disc bulges at L2-3 and L3-4; extensive artifact at L4-5 and L5-S1 had limited study. Records indicate that the injured worker has had extensive conservative management that included medications, muscle relaxants, anti-depressants, physical therapy, chiropractic treatment, aquatic therapy, injections, cognitive behavioral therapy, and multiple other modalities. The injured worker subsequently underwent 2 back procedures that included bilateral L4-5 and L5-S1 laminotomy and right L4-5 microdiscectomy with a 2 level lumbar laminectomy at L4-5 and L5-S1 and fusion in 2011 and 2012. Progress report dated 08/14/14 reported that the injured worker continued to complain of severe low back pain that was midline and down the posterior thighs with associated numbness to the bilateral feet. Physical examination noted motor strength 5/5 in the bilateral lower extremities except in the bilateral knee flexors, ankle dorsal flexors, extensor hallucis longus which were 4/5 and bilateral ankle plantar flexors which were -5/5; decreased sensation to light touch over the S1 distribution in the left side; no reflexes elicited in the lower limbs. Prior utilization review denied a request for open MRI of the lumbar spine with & without contrast on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN MRI OF THE LUMBAR SPINE WITH & WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The request for open magnetic resonance imaging (MRI) of the lumbar spine with and without contrast is not medically necessary. The previous request was denied on the basis that although the request for MRI of the lumbar spine was for surgical planning, surgeon's note was not submitted for review. Without further information regarding the specific surgery being considered, repeat imaging cannot be determined to be medically necessary. The injured worker had a prior MRI in January of 2013. An indication for open MRI is also not documented. Thus, the requested imaging was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study. There were no additional significant 'red flags' that would warrant a repeat study. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. Given this, the request for open MRI of the lumbar spine with and without contrast is not indicated as medically necessary.