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| Case Number: | CM13-0030433 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 02/27/2010 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 patient is a 40 year old female with a a date of injury of February 27, 2010. The patient is status post lumbar microdiscectomy on April 11, 2013. After the procedure the patient still had 8/10 pain but no lower extremity symptoms on the left but still had right lower extremity numbness into into the foot. Examination findings included the right decreased sensation and the patient is to begin chiropractic physiotherapy, psychiatric consultation, and TENS. The patient had electrodiagnostic study which was unchanged compared to before surgery. It showed chronic L5 - S1 radiculopathy. On July 24, 2013 the patient still had low back pain with bilateral lower extremity symptoms with normal sensation a very slight weakness in the right quadriceps and hamstring. The patient has had 2 MRIs of the lumbar spine in August 2011 and October 2012 the MRIs were not considerably different in the levels under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for one (1) MRI of the lumbar spine between July 24, 2013 and November 12, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

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

Decision rationale: The California MTUS guidelines states that in order for imaging studies to be done unequivocal objective findings and identify specific nerve compromise a neurological exam warrant imaging in patients who did not respond to treatment and who would consider surgery an option. In this case there is no evidence such tissue insult and nerve impairment exists. The patient has had multiple previous MRIs and has had no change in symptoms even post surgery. The patient is also had EMG (electromyogram) testing as well. Therefore as guidelines do not recommend lumbar spine MRI without specific criteria being met, the prospective request for one (1) MRI of the lumbar spine is not medically necessary and appropriate.