

Case Number:	CM13-0035365		
Date Assigned:	12/13/2013	Date of Injury:	02/16/2005
Decision Date:	12/26/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 patient is a 39-year-old female who has submitted a claim for lumbar sprain, lumbago, knee sprain, deranged medial meniscus, and lumbar disc displacement associated with an industrial injury date of 2/16/2005. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity. Physical examination showed tenderness at paralumbar muscles, positive straight leg raise test on the right, and weakness of extensor hallucis longus. MRI of the lumbar spine from 2/20/2014 showed minimally desiccated disc space at L5-S1, and a 5 mm broad-based left lateral subligamentous extrusion with a peripheral annular tear contributing to minimal proximal left L5 foraminal stenosis. The most recent progress report is dated 4/25/2014. Treatment to date has included right knee partial medial and lateral meniscectomy in 2008, lumbar epidural injection in 2013, physical therapy and medications. The utilization review from 10/4/2013 denied the request for repeat MRI of the lumbar spine because of no indication of any significant deterioration of the patient's condition over the past 10 months that may necessitate a repeat MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating to the right lower extremity. Physical examination showed tenderness at paralumbar muscles, positive straight leg raise test on the right, and weakness of extensor hallucis longus. MRI of the lumbar spine from 2/20/2014 showed minimally desiccated disc space at L5-S1, and a 5 mm broad-based left lateral subligamentous extrusion with a peripheral annular tear contributing to minimal proximal left L5 foraminal stenosis. However, there is no documented rationale concerning need for a repeat MRI at this time. There is no worsening of subjective complaints and objective findings that may warrant repeat imaging. Moreover, the most recent progress report is dated 4/25/2014. The current clinical and functional status of the patient is unknown. Therefore, the request for repeat MRI of the Lumbar Spine is not medically necessary.