

Case Number:	CM13-0037848		
Date Assigned:	12/18/2013	Date of Injury:	07/15/2010
Decision Date:	04/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

40 year old female claimant sustained a work injury on 7/15/2010 resulting in a chronic back pain. An MRI on 11/30/11 demonstrated L3-L4 and L4-L5 anterior spondylolisthesis, degenerative disc disease and facet arthropathy. There was also canal stenosis of L3-L4 and L4-L5. She has undergone physical therapy and oral analgesics. An EMG on 8/15/13 was unremarkable. An examination report on 9/16/13 indicates the claimant continues to have 6/10 back pain with radiation to the legs. A prior epidural injection did not help her. Objective findings included: reduced range of motion of the lumbar spine, positive leg raise, painful extension and tenderness to the lumbar facet region. The claimant was considering an interventional procedure and the treating physician ordered an update MRI due to worsening symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower Back Complaints Page(s): 309-310.

Decision rationale: According to the MTUS guidelines table 12-8, an MRI is recommended in cases of infection, tumor, fracture, cancer, red flag finding, or post-operative care. In this case there was no clinical findings or concerns in the documentation of the above diagnoses. Reference to the type of intervention and time frame were not mentioned in the notes. The exam findings and pain level were consistent with prior MRI findings and previous examinations. In addition, an EMG study from 8/15/13 did not show signs of nerve entrapment, radiculopathy or neuropathy. The MRI of the lumbar spine is not medically necessary.