

Case Number:	CM13-0040916		
Date Assigned:	12/20/2013	Date of Injury:	03/23/2012
Decision Date:	05/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery 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 claimant is a 44-year-old gentleman who was injured on March 23, 2012 sustaining an injury to the low back. Recent clinical orthopedic assessment for review of October 4, 2013 indicated an ongoing complaint of low back pain and left lower extremity pain. Records indicate the claimant has been treated conservatively with epidural steroid injections, physical therapy and activity restrictions. He is with no history of prior lumbar surgery but is status post a left total hip replacement in September 2012 followed by left trochanteric bursectomy in July of 2013. Subjectively, his physical examination showed diminished sensation in the anterior thigh which his treating physician described more as a "burning type pain". There was noted to be weakness with the left hip flexors and quadriceps but negative straight leg raising. Review of a prior MRI from 2012 showed degenerative disc disease at L5-S1 with facet arthropathy at the L4-5 and L5-S1 levels with no nerve root impingement indicated. A repeat MRI scan of the lumbar spine given the claimant's ongoing complaints was recommended.

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. Decision based on Non-MTUS Citation LOW BACK CHAPTER, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC), 18TH EDITION, 2013 UPDATES; LOW BACK PROCEDURE-MRI

Decision rationale: CA MTUS states, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." When looking at Official Disability Guideline criteria, the repeat MRI in this case would not be indicated. The claimant's current physical examination is consistent with his prior hip surgery with no acute indication of a radicular process noted on examination. When taking into account the claimant's recent MRI of the lumbar spine, the role of a repeat scan based on lack of progressive change in symptoms or findings suggestive of significant pathology would fail to necessitate the requested imaging at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary and appropriate