

Case Number:	CM13-0047492		
Date Assigned:	04/25/2014	Date of Injury:	07/21/2011
Decision Date:	10/16/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 34 year old male who sustained an injury on 07/21/11 while rolling up a truck door. The injured worker developed complaints of low back pain which had been treated with physical therapy, prior facet injections, medial branch blocks, and radiofrequency ablation procedures. Prior MRI studies from October of 2011 noted mild degenerative disc changes at L4-5 and at L5-S1 with end plate degenerative changes and a posterior disc protrusion narrowing the right lateral recess at L5-S1 with displacement of the right central L5 nerve root. At the time the MRI study was completed, the injured worker's physical examination findings noted intact strength in the lower extremities with tenderness over the right sacroiliac joint. There were spasms present in the lumbar spine with limited lumbar range of motion. Electrodiagnostic studies from 12/19/11 noted evidence for a moderately acute right L5 and S1 lumbosacral radiculopathy. There was an evaluation from 12/14/12 indicating that the injured worker had continuing complaints of low back pain that was right sided radiating to the right lower extremity with associated numbness in the right lower leg. The injured worker's physical examination noted symmetric reflexes in the lower extremities without evidence of weakness, fasciculation, or atrophy. No sensory loss was noted. No further clinical reports were available for review. The requested repeat MRI study of the lumbar spine without contrast was denied by utilization review on 10/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LUMBAR SPINE WITH OUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOE BACK-LUMBAR AND THORACIC (ACUTE AND CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Based on review of the clinical documentation submitted, there is insufficient evidence to support repeat MRI studies of the lumbar spine. The last evaluation for this injured worker was nearly 2 years ago and did not identify any significant changes neurologically to include motor weakness, reflex changes, or sensory deficits. The clinical documentation provided for review did not include any other recent evaluation noting any substantial neurological changes that would now support MRI studies of the lumbar spine. Given the paucity of any recent clinical evaluations to support the imaging request, this reviewer would not have recommended the additional MRI studies as medically necessary.