

Case Number:	CM13-0052795		
Date Assigned:	12/30/2013	Date of Injury:	03/24/2009
Decision Date:	04/02/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Diagnostic 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 applicant is a 31 year old female who sustained a work-related injury on March 24th, 2009. In a utilization review report of October 14, 2013, the claims administrator denied a request for an MRI of the lumbar spine. Thus far, the applicant has been treated with the following: Analgesic medications; physical therapy; and therapeutic joint injections. Earlier progress notes interspersed throughout 2013 are reviewed. The patient was diagnosed with thoracolumbar radiculopathy. MRI of the lumbar spine from 03/05/10 revealed bilateral facet capsulitis and mild ligamentum flavum prominence at L4-5 and L5-S1. No disc herniation was identified. The examination report from 10/07/2013 states the patient complains of 7/10 low back pain; predominate on the right side radiating down the right lower extremity. The patient is able to ambulate without limitation or assistance. No neurologic deficits are documented. Based on the clinical findings and re-review of previous imaging during this examination, a MRI of the lumbar spine was prescribed to "evaluate the stenosis and ligamentum flavum hypertrophy, specifically at the L4-5 and L5-S1 levels."

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine without contrast between 10-9-13 and 11-23-13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on the report of the medical examination from 10/07/2013, the patient does not demonstrate findings of nerve root compression and has no documented neurologic deficit. The above clinical findings were corroborated on the patient's previous MRI of the lumbar spine from 03/05/2010, which demonstrated no disc herniation, central stenosis, or foraminal stenosis. As per the MTUS-ACOEM Guidelines, chapter 12, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Based on guidelines and review of the evidence, an MRI of the lumbar spine without contrast is not medically necessary.