

Case Number:	CM13-0055502		
Date Assigned:	12/30/2013	Date of Injury:	09/21/1999
Decision Date:	03/10/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of February 6, 2012 notable for large 7 mm broad-based disk herniation at L5-S1, per the claims administrator; SI joint injection therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 4, 2013, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. A September 13, 2013, progress note is notable for comments that the applicant reports persistent neck pain, low back pain, and headaches. Her radicular pain is minimal at this time. The applicant has a BMI of 33. She is using a cane to ambulate. Limited range of motion is noted. The applicant reportedly has an ataxic gait and limited cervical and lumbar range of motion. Multiple medications are refilled. Injection therapy is sought. The applicant is placed off of work. She is reportedly "disabled." In later note of October 23, 2013, the applicant presents to follow up on her knees. She is described as having 5/5 quadriceps and hamstring strength on that occasion. She has increased pain radiating from the knees to the hip. She is again moving about with a cane. X-rays demonstrate the knee prosthesis is in satisfactory condition. A new MRI of the lumbar spine is sought. The applicant is again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the Lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: As noted in the Low Back Complaints Chapter of the ACOEM Practice Guidelines, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider surgery an option were it offered to them. In this case, however, the applicant already has previous lumbar MRI on file demonstrating a large herniated disk causing associated radicular symptoms. The diagnosis of herniation of lumbar intravertebral disk with radiculopathy has already been established. In this case, however, there is no indication or evidence that the applicant is intent on pursuing a surgical remedy. While repeat lumbar MRI imaging could be endorsed for preoperative planning purposes, in this case, however, there is no indication that the applicant is in fact considering a surgical remedy here. Accordingly, the request remains noncertified, on Independent Medical Review. The request for an MRI of the Lumbar region is not medically necessary or appropriate.