

Case Number:	CM13-0060948		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2011
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Sports 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 48-year-old female who reported an injury on 10/13/2011. The mechanism of injury was not provided. Current diagnoses include lumbar radiculopathy, lumbar sprain/strain, and cervical radiculopathy. Prior conservative treatment was not mentioned. The injured worker was evaluated on 08/16/2013. The injured worker reported persistent neck and lower back pain. Physical examination revealed a normal gait, normal posture, negative weakness, tenderness of the thoracolumbar spine, restricted range of motion, decreased sensation to light touch and pin prick, and 2+ deep tendon reflexes. Treatment recommendations at that time included a thoracic MRI. It is noted that the injured worker underwent an MRI of the lumbar spine on 03/14/2013, which indicated posterior ligamentous hypertrophy at L2-3, bilateral facet osteoarthritic changes at L3-4, and grade I anterolisthesis of L4-5 as well as L5-S1.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 REVISION, WEB EDITION; NON-MTUS CITATION: OFFICIAL DISABILITY GUIDELINES: LOW BACK CHAPTER, WEB EDITION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MAGNETIC RESONANCE IMAGING.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for an imaging study include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with suspicion for fracture, cancer or infection, radiculopathy after 1 month of conservative therapy, and myelopathy. As per the documentation submitted, there is no mention of at least 1 month of conservative therapy. There is no indication of the suspicion for a fracture, infection, or cancer. There is no mention of a recent thoracic or lumbar spine trauma. The injured worker underwent an MRI of the lumbar spine on 03/14/2013 as well as 06/18/2012. The medical necessity for a repeat imaging study at this time has not been established. Therefore, the request is non-certified.