

Case Number:	CM13-0063638		
Date Assigned:	04/30/2014	Date of Injury:	06/15/2011
Decision Date:	06/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 47 year old male who reported an injury on 06/15/2011 secondary to several boxes falling on him. An EMG and NCV of the lumbar spine on 11/01/2011 revealed acute L5 radiculopathy on the left side. An MRI of the lumbar spine on 09/06/2011 revealed L5-S1 disc herniation with spinal canal stenosis and bilateral neuroforaminal stenosis compression. An X-ray of the lumbar spine on 10/23/2013 revealed discogenic spondylosis and apophyseal joint arthrosis at L5-S1. The injured worker was evaluated on 11/01/2013 and reported ongoing lumbar spine pain of unknown severity with numbness and tingling. On physical exam, he was noted to have a positive straight leg raise bilaterally. The injured worker was also noted to have previously undergone arthroscopic surgery of the left knee and was attending post-operative physical therapy for the left knee at the time of the evaluation. There were no medications documented at the time of the evaluation. A request for authorization was submitted on 11/12/2013 for an MRI of the lumbar spine without contrast. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 333-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: ACOEM guidelines recommend an MRI as an option for the evaluation of chronic low back pain only after failure of 3 months of conservative care to include medication management and physical therapy. In addition, Official Disability Guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Although the injured worker has been treated with post-operative physical therapy for the left knee, he has not received physical therapy relating to his back complaints. Additionally, there were no medications noted at the time of the request. Therefore, there is a lack of documented evidence to indicate that the injured worker has failed conservative care for the lumbar spine. Furthermore, there is a lack of documentation to support that the injured worker's physical exam findings have significantly changed since the last MRI in 09/2011 to warrant a repeat study at this time. As such, the request for MRI of the lumbar spine is not medically necessary.