

Case Number:	CM13-0065173		
Date Assigned:	01/03/2014	Date of Injury:	01/22/2009
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 01/22/2009 while assisting a client to the bathroom. The current diagnosis is lumbar disc displacement without myelopathy. The injured worker was evaluated on 11/18/2013. The injured worker reported persistent lower back pain. The injured worker was status post a medial branch injection on 09/24/2013 and epidural steroid injection on 02/26/2013. The injured worker reported 8/10 pain. Physical examination revealed a normal gait, limited lumbar range of motion, a positive straight leg raise and tenderness to palpation. The treatment recommendations at that time included the continuation of current medications and a repeat MRI of the lumbar spine.

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 SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic MRI.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant as to the selection of an imaging test to define a potential cause. The Official Disability Guidelines state that indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, low back pain with radiculopathy after at least 1 month of conservative therapy, and myelopathy. As per the documentation submitted, the injured worker demonstrated only limited range of motion with a positive straight leg raise. There was no documentation of a significant neurological deficit. There was no mention of a recent attempt at conservative treatment, including physical therapy. There was no evidence of a progression or worsening of symptoms or physical examination findings that would warrant the need for a repeat MRI. The medical necessity has not been established.