

Case Number:	CM13-0065735		
Date Assigned:	01/03/2014	Date of Injury:	12/28/2012
Decision Date:	05/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & 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 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 injured worker is a 48-year-old female who reported an injury on 12/28/2012, secondary to heavy lifting. The current diagnosis is a sprain/strain in the lumbar region. The injured worker was evaluated on 11/05/2013. The injured worker reported constant pain and stiffness in the lower back with radiation to the left lower extremity. The injured worker has been previously treated with physical therapy, medications and bracing. The injured worker has undergone x-rays, an MRI scan and EMG and nerve conduction studies. Physical examination revealed tenderness to palpation, referred pain to the left buttock and left lower extremity, limited range of motion, a positive straight leg raise and decreased sensation in the L4-S1 nerve root distribution. The treatment recommendations included an updated MRI of the lumbar spine to rule out disc herniation. It is noted that the injured worker underwent electromyography and nerve conduction studies on 09/03/2013, which indicated chronic left L5-S1 radiculopathy. The injured worker also underwent an MRI of the lumbar spine on 02/14/2013, which indicated a small left foraminal disc osteophyte complex with annular fissure at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT DYE: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines indicate 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 indicate that indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy and myelopathy. According to the documentation submitted, the injured worker has previously undergone an MRI of the lumbar spine. There was no evidence of disc herniation upon imaging studies. The injured worker was also diagnosed with left chronic L5-S1 radiculopathy following electrodiagnostic studies on 09/03/2013. There was no documentation of a progression or worsening of physical examination findings or symptoms that would warrant the need for a repeat lumbar MRI. The medical necessity has not been established. Therefore, the request is non-certified.