

Case Number:	CM13-0065788		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2012
Decision Date:	04/15/2014	UR Denial Date:	11/21/2013
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 Internal Medicine, Pulmonary Diseases, 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:

This is a 62-year-old female patient with a date of injury 10/11/2012. The mechanism of injury was that the patient was working as a registered nurse and as she was leaving the patient turned to the right and then felt a pop in the left groin area followed by pain in low back, right hip and right leg. No diagnostic studies were taken; however, the patient was given medication and work restrictions precluding lifting and pushing more than 20 pounds. However, the employer did not allow her to return to work. The patient underwent 3 weeks of physical therapy that provided temporary relief. The patient was then referred for a lumbar spine MRI which revealed herniated disc at L5-S1 and subsequently the patient received 2 lumbar epidural steroid injections which provided temporary relief. No surgery was recommended.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, American College of Occupational and Environmental Medicine (ACOEM), The Back Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: Official Disability Guidelines state repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). On physical examination, 01/07/2014, the patient's reflexes were +2 at the knees and ankles. Straight leg raising in the sitting position was 90 degrees and the supine position was 80 degrees right, 75 degrees left. There was no sensory loss to sharp or dull stimulation noted to the lower extremities. Given there is a lack of significant objective neurological deficits on examination, the necessity of a repeat MRI of the lumbar spine has not been established. As such, the request is non-certified.