

Case Number:	CM14-0001232		
Date Assigned:	01/22/2014	Date of Injury:	11/21/2009
Decision Date:	07/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 and Oklahoma. 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 31-year-old female with an injury reported on 11/21/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/18/2013 reported that the injured worker complained of constant pain to her neck, upper back, bilaterally shoulders, lower back, left hip, right knee, and bilateral ankles and feet. The physical examination revealed tenderness to palpation bilaterally at the L4-5 and L5-S1 levels. It was reported the injured worker had a limited range of motion to the lumbar spine. The sensory examination revealed decreased sensation to light touch at the plantar surface of the right foot. The injured worker's prescribed medication list included MS Contin, Norco, Doxepin, Gabapentin, Topamax, and Zanaflex. An MRI dated 05/19/2011, revealed a lumbar strain with a 2 mm disc bulge with mild facet arthropathy at the L4-5 area. The injured worker's diagnoses included cervical spine sprain, thoracic spine sprain, lumbar strain, right knee medial meniscus tear with Baker's cyst, left ankle strain, and anxiety and stress. The provider requested a repeat MRI to the lumbar region, due to the injured worker's decreased sensation in her right foot and radicular symptoms into her lower extremities. The Request for Authorization was submitted on 01/03/2014. The injured worker's prior treatments included pain management therapy sessions and psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for repeat MRI of the lumbar spine is non-certified. The injured worker complained of constant pain to her lower back. The provider is requesting an MRI to the lumbar spine due to the injured worker's persistent decreased sensation in her right foot as well as persistent radicular symptoms into her lower extremities. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines do not routinely recommend a repeat MRI. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). It was noted the lumbar spine had tenderness to palpation bilaterally at the L4-5 and L5-S1 levels. It was also the sensory examination revealed decreased sensation to light touch to the plantar surface of the right foot. It was also noted that a previous MRI of the lumbar spine revealed lumbar strin with a 2 mm disc bulge at the L4-5 region. The guidelines do not recommend a repeat MRI without significant symptom changes. There is a lack of objective findings or physiological evidence indicating an additional nerve compromise per the neurological examination to warrant imaging. As such, the request is not medically necessary.