

Case Number:	CM14-0001925		
Date Assigned:	01/24/2014	Date of Injury:	08/02/2012
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine 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 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:

This is a 61-year-old female patient with an 8/2/12 date of injury. She worked as a CT tech, and stepped on a needle cap, spun around and fell on her back and had a head injury that resulted in a concussion as well as back injury. The 11/22/2013 progress report indicated that the patient complained about lumbar back pain with radiation down the left leg. She reported that the pain was mostly localized in the left leg and rated 8/10. Her pain increased with prolonged sitting or standing. The patient reported that she had 12 physical therapy sessions, which were not helpful. Physical exam revealed tenderness in her lumbar spine. Back range of motion with flexion is 40 degrees, extension 25 degrees, bending 15 degrees. 09/25/2012 lumbar MRI demonstrated degenerative disk disease at L4-L5 and L5-S1, lumbar spinal stenosis at L3-4 and L4-5. Diagnoses include L4-S1 degenerative disc disease and lumbar spinal stenosis. The treatment included Tramadol, Gabapentin and Vicodin. The 04/22/2013 therapeutic epidural decompression neuroplasty of the lumbosacral nerve roots for analgesia was performed bilaterally at L1, L2, L3, L4 and L5 levels. There is documentation of a previous 12/26/2013 adverse determination, based on the fact that there was no documentation provided for prior 09/2012 MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back Chapter) Lumbar MRI.

Decision rationale: California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient presented with lower back pain radiating to the legs. The 09/25/2012 MRI demonstrated degenerative disk disease at L4-L5 and L5-S1, lumbar spinal stenosis at L3-4 and L4-5. However, there is no evidence of a change or progression in neurologic findings to warrant repeat imaging. The present physical findings are consistent with imaging findings as documented two years prior. Therefore, the request for magnetic resonance imaging, lumbar spine was not medically necessary.