

Case Number:	CM14-0003578		
Date Assigned:	01/31/2014	Date of Injury:	04/12/2009
Decision Date:	06/20/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	01/09/2014

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 & Rehabilitation 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 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 64-year-old female who reported an injury on 04/12/2009, secondary to a fall. Current diagnoses include lumbar strain with bilateral lower extremity radiculitis. The latest physician progress report submitted for this review is documented on 11/13/2013. The injured worker reported persistent lower back pain with radiation into the right lower extremity causing a burning sensation and numbness. Physical examination revealed positive straight leg raising, decreased sensation in the right lower extremity and diminished range of motion. Treatment recommendations at that time included a followup in 2 weeks and prescription for Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGE OF THE LUMBAR SPINE WITH OUT DYE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL ENVIROMENTAL MEDICINE, CHAPTER 12 LOW BACK, 298-303

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 if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). As per the documentation submitted, the injured worker underwent a lumbar spine MRI in 06/2011. Although the injured worker reported a new injury on 11/13/2013, there was no evidence of a significant change or worsening of symptoms or physical examination findings that would warrant the need for a repeat MRI. There was no evidence of red flags and/or significant progressive positive objective findings to support the current request. Based on the clinical information received, the request is not medically necessary.