

Case Number:	CM14-0004481		
Date Assigned:	02/05/2014	Date of Injury:	02/20/2013
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, 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:

The injured worker is a 36 year old female who reported an injury to her upper extremities and low back. The clinical note dated 10/07/13 indicates the injured worker demonstrating decreased mobility throughout the lumbar spine. Tenderness was identified upon palpation over the lumbar paraspinal musculature. The clinical note dated 12/02/13 indicates the injured worker complaining of left wrist and hand pain along with the lumbar pain. The clinical note dated 12/30/13 indicates the injured worker complaining of radiating pain from the lumbar spine into the lower extremities. The injured worker rated the pain as 5-7/10. The injured worker demonstrated range of motion deficits throughout the lumbar spine. Tenderness was identified upon palpation along the lumbar paraspinal musculature along with spasms and tightness. The note indicates the injured worker having initiated physical therapy at that time. The MRI of the lumbar spine dated 01/06/14 revealed a disc protrusion at L4-5 effacing the thecal sac and narrowing the left neuroforamen. Effacement of the left L4 exiting nerve root was also identified. Multiple large nabothian cysts were identified measuring up to 14.2mm. The utilization review dated 12/20/13 regarding a request for an MRI of the lumbar spine resulted in a denial as the injured worker was identified as having previously undergone an MRI of the lumbar spine; however, no MRI results were submitted confirming the injured worker's progressive findings involving neurologic deficits in the lumbar region.

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 MTUS: ACOEM, CHAPTER 12 - LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The documentation indicates the injured worker complaining of lumbar region pain. The injured worker was identified as having previously undergone an MRI of the lumbar spine. A repeat MRI would be indicated provided the injured worker meets specific criteria to include significant changes identified with the injured worker's symptomology or significant pathology identified by clinical exam. No information was submitted regarding the injured worker's previous MRI confirming any progressive neurologic findings. Additionally, the clinical notes do not indicate a clinical exam confirming any significant pathology. Therefore, this request is not indicated as medically necessary.