

Case Number:	CM14-0008241		
Date Assigned:	02/07/2014	Date of Injury:	04/08/2004
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 45-year-old male who reported an injury on 04/08/2004. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back and right leg. The injured worker underwent an MRI in 07/2012 that documented there was a prior L5-S1 laminotomy with no evidence of recurrent disc protrusion and a disc bulge at the L4-5 with no significant spinal stenosis. The injured worker was evaluated 12/30/2013. It was documented that the injured worker had significantly increased pain rated at a 10/10 without medications that was only reduced to an 8/10 with medications. Physical findings included 4/5 motor strength of the right lower extremity, a positive right-sided straight leg raising test, increased sensation to light touch throughout the right leg. The injured worker's diagnoses included low back pain, lumbar radiculopathy, lumbar spinal stenosis, and chronic pain syndrome. The injured worker's treatment plan included a lumbar MRI secondary to increasing pain and persistent radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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: The requested MRI of the spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address repeat imaging. Official Disability Guidelines do not recommend the routine use of repeat imaging unless there is a significant change in the injured worker's clinical presentation to support progressive neurological deficits or red flag conditions. The clinical documentation submitted for review does indicate that the injured worker has had persistent radicular symptoms. However, there has not been a significant change in the injured worker's clinical presentation to support an additional imaging study. There is no documentation of suspected red flag conditions that would require an imaging study. As such, the requested MRI of the lumbar spine without dye is not medically necessary or appropriate.