

Case Number:	CM14-0100210		
Date Assigned:	07/30/2014	Date of Injury:	08/16/2007
Decision Date:	10/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Emergency Medicine 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 62 year old female who reported an injury on 08/16/2007. The mechanism of injury was not provided. Her diagnoses were noted as lumbago, bilateral sciatica, and lumbar degenerative disease. The past treatment included epidural steroid injections, medications, and a walking program. The diagnostic studies were noted to be a MRI in 2010. The location of the MRI was not specified. There were no pertinent surgeries provided. On 06/03/2014, the injured worker reported 40% improved back pain and bilateral leg pain. She said that her symptoms have become more to the left side than the right. She reported the numbness and burning has improved. Upon physical examination, she was noted to have tenderness to palpation over the para lumbar musculature with strain, spasms and guarding. She had decreased sensation to the dorsal aspects of both of her feet at the L5 distribution of her toes. Muscle strength testing was a 5/5. The medication was listed as neurontin, norco, and omeprazole. The treatment plan was to obtain an updated MRI, renewing her medications, and a new order of Pennsaid ointment. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated lumbar spine MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Back Chapter-Indications for Imaging-Magnetic resonance imaging

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, MRIs

Decision rationale: The request for an updated lumbar spine MRI without contrast is not medically necessary. The Official Disability Guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was noted to have had an MRI in 2010, however, the findings of the report were not indicated. She was noted to have decreased sensation to the dorsal aspects of both of her feet in the L5 distribution of her toes, but her motor strength was noted as a 5/5. In the absence of documentation with evidence of progressing neurological deficits and significant change in symptoms suggestive of new pathology the request is not supported. Therefore, the request is not medically necessary.