

Case Number:	CM14-0103341		
Date Assigned:	07/30/2014	Date of Injury:	04/02/2013
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 Orthopedic Surgery, 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 34-year-old female with a reported date of injury on 04/02/2003. The mechanism of injury was repetitive pushing and pulling. The injured worker was diagnosed with residuals of L5-S1 disc protrusion, status post lumbar microdiscectomy and right-sided hemilaminectomy, and residuals of right lumbar facet syndrome with right L5-S1 radiculitis. Prior treatments included physical therapy and epidural steroid injections. Prior diagnostic studies included x-rays of the lumbar spine, an MRI of the lumbar spine in 05/2003, and MRI of the lumbar spine in 2006 which demonstrated epidural fibrosis, and another more recent MRI; however, the date of the more recent MRI as well as the results were not provided within the medical records. The injured worker previously underwent a right L5-S1 microdiscectomy on 08/04/2003 and a hemilaminectomy that same year. The Clinical Note dated 03/19/2014 noted the injured worker completed 2 sessions of physical therapy. The injured worker continued to report low back pain with radiation of pain down the right posterior leg with associated paresthasias and numbness. Prolonged walking caused low back pain. Lumbar flexion was decreased to 40 degrees, extension was decreased to 10 degrees, right side bending was decreased to 20 degrees, and left side bending was decreased to 20 degrees. Right straight leg raising caused hamstring tightness at 60 degrees and left straight leg raising caused hamstring tightness at 60 degrees. The intermediate telephone conference note dated 03/26/2014 noted the injured worker had seen her OB/GYN and was recommended to physical therapy at a facility which had experience for low back pain during pregnancy. The provider recommended an MRI of the lumbar spine prior to delivery and an epidural anesthetic injection. The provider indicated the MRI would also screen for lumbar disc protrusion and upper lumbar spinal stenosis. The physician did not indicate the injured worker's medication regimen within the provided documentation. The physician's treatment plan included recommendations for the patient to

continue therapy in a facility with experience with injured workers during pregnancy and the provider also recommended an MRI of the lumbar spine. The Request for Authorization was not provided within the medical records.

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 between 6/2/2014 and 7/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI of the lumbar spine between 06/02/2014 and 07/17/2014 is neither medically necessary nor appropriate. The California MTUS/ACOEM 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. MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. The guidelines state using imaging tests before 1 month in absence of red flags is not recommended. The 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). Per the provided documentation, the physician noted within a Clinical Note from 12/18/2013 that a more recent MRI was reviewed and conservative treatment was recommended; however, the requesting physician did not provide the date of this MRI or the results within the provided documentation. Per the provided documentation, the injured worker did not have significant objective findings of neurological deficit to include decreased sensation in a specific dermatomal distribution, significant weakness, or decreased reflexes. There is a lack of documentation indicating the injured worker has experienced a significant change in symptoms or presentation indicative of a serious change in pathology. As such, the request for an MRI of the lumbar spine between 06/02/2014 and 07/17/2014 is neither medically necessary nor appropriate.