

Case Number:	CM14-0105148		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2011
Decision Date:	10/31/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 50 year old female with a work injury dated 12/28/11. The diagnoses include status post lumbar strain in Dec. 2011 with a positive herniated disc per patient with chronic bilateral lower extremity radicular symptoms. Status post leg giving way causing mechanical fall with right knee internal derangement, rule out medial meniscal tear from March 21, 2014. 3. Nonindustrial motor vehicle ~accident where car was totaled with neck and lower back pain. Under consideration is a request for MRI of the lumbar spine. There is a primary treating physician report dated 6/9/14 that states that the patient was injured on December 28, 2011 pushing multiple shopping carts because her job duty was to collect the shopping carts. She then went to the emergency room and had an MRI scan. Her chronic neck pain and lower back pain which was aggravated. She had undergone an MRI scan which showed the same thing as in her lower back. She had cervical epidural injections. In March 2014 her back gave out and she fell on her right knee and now has right knee pain. On exam there is thoracolumbar range of motion that is decreased. There is bilateral L5-S1 tenderness. There was 5/5 BLE strength and intact sensation and reflexes. On the right knee, she has a painful right knee with +McMurray test. The treatment plan includes an updated lumbar MRI. A Lumbar MRI on 12/13/11 showed a 2 mm L5-SI disc bulge with mild canal and foraminal stenosis. X-rays of the spine, pelvis, 2nd sacrum and coccyx were normal.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs

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

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation submitted does not reveal a plan for lumbar surgery or evidence of red flag conditions. The request for MRI of the lumbar spine is not medically necessary.