

Case Number:	CM14-0108889		
Date Assigned:	08/01/2014	Date of Injury:	09/05/2013
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 09/05/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/19/2014 indicated a diagnosis of low back pain. The injured worker reported low back pain, and receiving epidural injections the day before. The injured worker reported intermittent leg weakness, numbness, and tingling in the legs. It was noted he had no physical therapy over the last year. On physical examination, the injured worker was noted to have intact motor strength and sensation in the lower extremities, as well as symmetric reflexes. The provider reported the injured worker was not a candidate for surgery given that he had only small bulges on the lumbar MRI and lacked neural deficits, and lack of compression of nerves. The injured worker's treatment plan included a request for an MRI of the lumbar spine since his current MRI was 9 months old. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Isentress, Lunesta, Prilosec, trazodone, and Valtrex. The provider submitted a request for MRI of the lumbar spine without dye. A Request for Authorization dated 06/24/2014 was submitted for MRI of the lumbar spine.

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 dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303-305. 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 without dye is not medically necessary. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines do not routinely recommend a repeat MRI. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The Guidelines do not recommend a repeat MRI without significant symptoms or changes. There is a lack of objective findings indicating specific nerve compromise per neurological examination. The injured worker was noted to have intact strength, sensation, and reflexes in the lower extremities. There is no indication of a significant change in symptoms or findings suggestive of significant pathology to warrant repeat imaging. Therefore, the request for MRI of the Lumbar Spine without dye is not medically necessary.