

Case Number:	CM14-0013931		
Date Assigned:	02/26/2014	Date of Injury:	12/07/2008
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 is licensed to practice in Illinois. 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 female with a reported date of injury on 12/07/2008. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include lumbar spine strain and lumbar degenerative disc disease. The previous treatments include surgery, pain medications, and lumbar rhizotomies. The progress note dated 12/10/2013 reported the injured worker complained of chronic lumbar pain rated at 6/10. The provider reported the range of motion was moderately restricted secondary to pain in the low back. The provider also reported pain to palpation around the L4-5 vertebral bodies. The injured worker had previous surgeries of a lumbar surgery in 2010 and a cervical spine surgery in 2011. The request for authorization form was not submitted within the medical records. The request is for an MRI upright with and without contrast to the lumbar spine was recommended to have a better look due to her very restricted range of motion and moderate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI UPRIGHT WITH AND WITHOUT CONTRAST, FOR THE LUMBAR SPINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The request for an MRI upright with and without contrast for the lumbar spine is non-certified. The documentation provided gave a notation that the injured worker had not had an MRI since her previous surgery. CA 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 with an MRI for neurological problems. Official Disability Guidelines do not routinely recommend repeat MRI in the absence of new or progressive neurological deficits. The most recent progress note reported a restricted range of motion, positive straight leg raise, normal and equal deep tendon reflexes, and normal sensory in the bilateral lower extremities in all dermatomes. The provider reported the injured worker had not had an MRI since her previous surgery; however, the previous MRI report was not submitted within the medical records. There is a lack of documentation of neurological deficits or significant changes and/or findings suggestive of significant pathology to warrant an MRI. Therefore, the request is non-certified.