

Case Number:	CM14-0017834		
Date Assigned:	04/16/2014	Date of Injury:	10/15/2011
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 62-year-old female who sustained an injury to her low back on 10/15/11. The mechanism of injury was not documented. The records indicate the injured worker has previously had surgery and microdiscectomy. She continued to have pain in the low back with leg radiation on the left side. Previous MRI scan was consistent with progressive degeneration of the discs. The most recent clinical note dated 01/08/14 reported the patient's persistent low back pain with left leg radiation has been increasing. The injured worker has so much cramping that she cannot walk normally and this is getting worse compared to how it was 7-8 months ago. Physical examination noted positive straight leg raise on the left side and reflex from ankle jerk on the left side was zero, compared to one on the right. There was concern that the injured worker may have stenosis or scar formation developing at the L5-S1 disc level.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for repeat MRI the lumbar spine is medically necessary. The previous request was denied on the basis that although the injured worker's symptoms may have changed, there was insufficient evidence of changes in the neurological examination to substantiate the need for a repeat MRI at the time without further clarification. The patient is status post microdiscectomy dated July of 2012. She has increased neurological deficits, absent reflexes in the left lower extremity, decreased motor strength and cramping that has increased to the point where it alters the injured worker's gait pattern. Given the clinical documentation submitted for review, medical necessity of the request for repeat MRI of the lumbar spine has been established.