

Case Number:	CM14-0018393		
Date Assigned:	04/18/2014	Date of Injury:	02/12/2013
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation 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 58-year-old female who reported an injury on 02/12/2013. The mechanism of injury was an associate bumped the injured worker causing the injured worker to lose balance and fall backward hitting her lower back on the counter. It was indicated the injured worker had a prior lumbar disc fusion. The documentation of 11/13/2013 revealed the injured worker's pain was 7/10 to 8/10, depending upon activity. The injured worker indicated she had spasms and cramping, extending up to the neck and stiffness in the neck. The objective physical examination revealed the ranges of motion of the low back were restricted on flexion and extension secondary to pain. The muscle testing revealed weakness of the bilateral extensor hallucis longus 4/5, and left quadriceps at 4/5. There was decreased sensation of the bilateral lower extremities at L4 through S1. The straight leg raise in the seated position produced low back pain but did not result in any significant radicular complaints. Diagnoses included lumbar spine discopathy, lumbar spine radiculopathy, and status post lumbar spine fusion in 2002. The treatment plan included an updated MRI and a request for a low back brace for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low back chapter MRIs.

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, MRI.

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is appropriate if there has been significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review failed to indicate the injured worker had a significant change in symptoms and/or findings suggestive of a significant pathology. The prior MRI was not submitted for review. Given the above, the request for a lumbar spine MRI is not medically necessary.