

Case Number:	CM14-0112939		
Date Assigned:	09/18/2014	Date of Injury:	09/03/2010
Decision Date:	11/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/18/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 09/03/2010. The mechanism of injury was not specified. Her diagnoses included status post lumbar fusion, mechanical low back pain and rule out recurring intervertebral disorder/ herniated nucleus pulposus. The injured worker's past treatments and current medications were not submitted for review. The most recent clinical progress note dated 06/11/2014 reported that the injured worker provided a previously performed lower back x-ray, dated 05/20/2014. Per the provided medical records, an MRI of the lumbar spine and an EMG/NCV of the lower extremities were performed; however, the official reports were not provided within the documentation. The x-rays revealed the surgical hardware appeared to be in position and narrowing of the L5-S1 IBF. There were no significant bony abnormalities or pathology identified. The clinical note dated 06/11/2014 noted the injured worker reported low back pain level with intermittent radiation into the left leg. Range of motion of the lumbar spine was asymmetric with decreased range of motion particularly on extension, which was limited by pain to approximately 70% of what was expected of someone her age and build. Straight leg raising was negative on the right, and somewhat equivocal on the left, with complaints of low back pain that extended into the left gluteal region. Sensory evaluation revealed decreased sensation over the L5-S1 dermatomal distribution on the left. Deep tendon reflexes were equal and responsive bilaterally. The treatment plan included instructions on walking for exercise three times a week up to an hour or as tolerated and updated magnetic resonance imaging (MRI). The request is for a MRI of the low back to rule out recurring herniated nucleus pulposus. The Request for Authorization was not submitted for review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI of the lumbar spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI of the low back is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per the documentation straight leg raising was negative on the right, and somewhat equivocal on the left, with complaints of low back pain that extended into the left gluteal region. Sensory evaluation revealed decreased sensation over the L5-S1 dermatomal distribution on the left. Deep tendon reflexes were equal and responsive bilaterally. Per the provided medical records, an MRI of the lumbar spine and an EMG/NCV of the lower extremities were performed; however, the official reports were not provided within the documentation in order to determine whether the injured worker's current presentation is consistent with prior diagnostic testing findings. There is no indication that the injured worker has experienced a significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the request is not medically necessary.