

Case Number:	CM14-0113719		
Date Assigned:	08/01/2014	Date of Injury:	01/18/2005
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 63 yo female who sustained an industrial injury On 01/18/2005. The mechanism of injury was the patient lifted a box of tortillas that weighed 30 pounds and felt an immediate pain in the lower back. Her diagnosis is chronic low back pain s/p lumbar spine fusion in 2010 with a revision in 2011. She continues to complain of low back pain. On physical exam there was tenderness to palpation in the lumbar spine and 3+ spasm of the paralumbar muscles bilaterally. There was tenderness over the sciatic notch bilaterally with decreased range of lumbar motion. Straight leg raise test was positive at 40 degrees on the right along the L5 and S1 dermatome distribution. Lower extremity motor strength was 5/5 and reflexes at the Achilles' were 1+ on the right and 0 on the left. CT scan of the lumbar spine obtained on 05/22/2014 demonstrated L4-5 anterior lumbar fusion, lumbar facet syndrome at L2-3, L3-4, and L5-S1 with an L2-3 compression fracture, disc bulge at L3-4, and at L2-3 a left neural foraminal broad-based disc osteophyte complex. Treatment in addition to surgery has included medical therapy, physical therapy, and epidural steroid injections. The treating provider has requested a 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:

Standing MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

Decision rationale: Per the documentation the claimant had a CT of the LS spine on 5/22/2014 which demonstrated L4-5 anterior lumbar fusion, lumbar facet syndrome at L2-3, L3-4, and L5-S1 with an L2-3 compression fracture, disc bulge at L3-4, and at L2-3 a left neural foraminal broad-based disc osteophyte complex. There is no documentation of any significant change in her complaints or exam. She is maintained on medical therapy and there have been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, and bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of her chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.