

Case Number:	CM14-0125487		
Date Assigned:	08/11/2014	Date of Injury:	05/02/2002
Decision Date:	10/01/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pulmonary Diseases and is licensed to practice in California. 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 51-year-old female who reported an injury on 05/02/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 07/25/2014 indicated diagnoses of chronic lumbodorsal strain with degenerative disc disease at L5-S1 and L3-4, facet arthropathy at L4-5 and L5-S1 with sciatica in the left S1 distribution. The injured worker reported significant muscle spasms and pain in the back that were worse in the left lower extremity in the L5 and S1 distribution. The injured worker reported her sleep pattern was poor on physical examination. The injured worker had persistent L5 more than S1 radiculopathy on the left side with moderate to severe muscle spasms in her back. The injured worker ambulated with a left sided limp. The injured worker's range of forward flexion was 25 degrees, lateral flexion was 10 degrees bilaterally and she had full straight leg raising in the seated position at only 30 degrees of straight leg raising on the supine position at the left. The injured worker had paresthesias in the left lower extremity and in the L5 more than the S1 distribution. The treatment plan was for re-evaluation in 6 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for an MRI of the back. A Request for Authorization dated 07/29/2014 was submitted for an MRI of the back. However, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of Back is not medically necessary. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is a lack of documentation of exhaustion of conservative therapy, such as NSAIDs and physical therapy. In addition, there is lack of significant neurologic deficits to warrant imaging. Therefore, the request is not medically necessary.