

Case Number:	CM14-0127514		
Date Assigned:	08/15/2014	Date of Injury:	09/09/2010
Decision Date:	09/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Illinois. 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 54 year old female who reported an injury on 09/09/2010 due to a fall onto the floor on her left side of her body. The injured worker has diagnoses of chronic lumbosacral strain and lumbar disc bulges with radiculopathy. Past treatment included physical therapy, home exercises, and lumbar epidural injections. Diagnostics have included an MRI of the lumbar spine on 11/18/2013 was noted to have revealed a 4-5mm left central disc bulge which minimally effaced the left S1 abutting nerve root and neural foraminal narrowing. The progress report dated 05/30/2014 showed that the injured worker complained of low back pain, rated 6/10. Her physical exam findings from progress report dated 05/30/2014 revealed The injured worker's straight leg raising was positive on the left and decreased sensation in the L4/5 dermatomes. Her medications were reported as gabapentin and ibuprofen. The treatment plan included medication refills and modified work duty. A request was received for an MRI of the lumbar spine. However, the rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI's (magnetic resonance imaging).

Decision rationale: The injured worker had a recent MRI of the lumbar spine on 11/18/2013 which was noted to reveal pathology at the L4-5 level which is consistent with the injured worker's clinical presentation. The Official Disability Guidelines state repeat MRI is not routinely recommended, and that it should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation submitted for review failed to show evidence of a significant change in the injured worker's symptoms or progressive neurological deficits to warrant repeat testing and a clear rationale for the recommendation was not included. As such, the request for Magnetic Resonance Imaging for the Lumbar Spine is not medically necessary.