

Case Number:	CM14-0133633		
Date Assigned:	08/22/2014	Date of Injury:	03/09/2009
Decision Date:	11/05/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation 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 injury on 03/09/2009. The mechanism of injury was cumulative trauma. The injured worker's medications included tramadol and Norco. The surgical history was not provided. The injured worker had an MRI of the lumbar spine on 05/17/2011. The prior treatments included thoracic medial branch nerve blocks, thoracic radiofrequency ablation, physical therapy, chiropractic treatment, aquatic therapy, and acupuncture. The documentation of 07/07/2014 revealed the injured worker had complaints of severe neck pain worsening with sitting, standing, leaning over, and holding objects, and there was an associated burning sensation and numbness in the bilateral arms to the ulnar forearms and hands, right greater than left. The injured worker had constant mid and low back pain worse with sitting. The injured worker had numbness on the lateral aspect of the bilateral thighs and calves to the feet. The physical examination of the lumbar spine revealed there were no sensory deficits in the lower extremities. The injured worker's gait was slow. The lumbar range of motion was moderately restricted with pain in all limits. The injured worker had an MRI of the cervical spine. The diagnoses included chronic pain syndrome, probable depression, chronic lumbar strain, lumbar degenerative disc disease with facet arthropathy and retrolisthesis at L5-S1 without stenosis, and chronic thoracic myofascial pain syndrome. The treatment plan included an MRI of the lumbar spine as the most recent was dated 3 years previously. The physician documented the injured worker's symptoms had progressively gotten worse in severity, and in order to determine if the injured worker was a candidate for lumbar epidural steroid injection an MRI was requested. There was a documented rationale. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

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

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 a repeat MRI should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker's symptoms had changed. However, the request was made in order to support the necessity for a lumbar epidural steroid injection. There was a lack of documentation indicating the injured worker had a significant change in symptoms or finding suggestive of a significant pathology. Given the above, the request for MRI of the lumbar spine is not medically necessary.