

Case Number:	CM14-0136859		
Date Assigned:	09/03/2014	Date of Injury:	04/30/2009
Decision Date:	12/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine 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 54 year old male who sustained an industrial low back injury on 04/30/09 while delivering auto parts. Treatment to date had included medications, physical therapy, chiropractic treatments, home exercises, MRIs, and injections. He was status post left shoulder surgery in 2010, but no previous back surgery was documented. 05/29/14 office note documented complaints of lumbar spine pain radiating to the bilateral legs, with numbness and tingling. Current pain level was 7/10. Positive straight leg raising test was noted bilaterally. Sensation was reduced in the L4-S1 dermatomes on the right and L4-L5 dermatomes on the left. Weakness of the right knee extensors (L4) and great toe extensors (L5) was noted. Deep tendon reflexes were normal in the lower extremities. Lumbar range of motion was limited. Lumbar MRI performed on 08/18/19 was noted to show multilevel degenerative disc disease and facet arthropathy with 4- to 5-mm disc bulges and neural foraminal stenosis from L3 to S1. 06/12/14 office note documented no changes in symptoms or neurological exam. 05/28/14 lumbar MRI was noted to show multilevel degenerative disc disease greatest at L4-5 with posterior annular tear and abutment of the traversing L5 nerve roots, as well as facet arthropathy from L3-S1. Treatment plan included epidural steroid injections (ESIs). 05/31/14 lumbar x-rays with lateral flexion/extension views revealed degenerative changes without evidence of acute fracture or vertebral instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI lumbar spine with 3D: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 7/3/14), MRI's (magnetic resonance imaging)

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 Chapter, MRIs (magnetic resonance imaging)

Decision rationale: ACOEM Guidelines state, "Unequivocal 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." Neurological deficit suggestive of radiculopathy are documented, with corroborating findings on a recent repeat lumbar MRI. Consideration for surgery is not documented in this case. ACOEM Guidelines are silent concerning criteria for repeat imaging. Official Disability Guidelines states, "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 office notes no significant change is documented in IW's symptoms or physical exam findings. No rationale is documented which would support the medical necessity for a repeat MRI study at this point in care. Medical necessity is not established for the requested repeat MRI with 3D. Therefore, this request is not medically necessary.