

Case Number:	CM14-0137615		
Date Assigned:	09/05/2014	Date of Injury:	06/21/1999
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
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 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 67-year-old female who reported an injury on 06/21/1999. The mechanism of injury was a twisting injury to the back while unloading pallets. Diagnoses included chronic low back pain, spinal stenosis, lumbar discogenic pain, and status post lumbar spine surgery. Past treatments included sacroiliac joint injection and medications. Diagnostic testing was not provided. Surgical history included an unspecified spinal surgery in 2004. The clinical note, dated 07/30/2014, indicated the injured worker complained of low back pain rated 6/10. Physical exam of the lumbar spine revealed hyperesthesia in the left L5-S1 distribution, positive bilateral straight leg raise, intact sensation in all dermatomes in the bilateral lower extremities, and deep tendon reflexes rated 1+ in the bilateral lower extremities. Current medications included alprazolam 0.5 mg, doxepin 10 mg, and Norco 10/325 mg. The treatment plan included a MRI for the lumbar spine. The rationale for the request was ongoing symptoms despite medications. The Request for Authorization form was signed but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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 (ODG) Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Low Back-MRI Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI for the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (MRI for neural or other soft tissues). The Official Disability Guidelines go on to state that repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker complained of low back pain rated 6/10. Physical exam noted positive bilateral straight leg raise, deep tendon reflexes rated 1+, hyperesthesia in the left L5-S1 distribution, and intact sensation in all dermatomes in the bilateral lower extremities. The injured worker's previous lumbar MRI was not available for review. There is a lack of evidence of any recent conservative care, including physical therapy. There is a lack of evidence of physical examination findings indicative of a significant change in the injured worker's exam, including new or worsening sensory or motor deficits. The guidelines do not recommend repeat MRI without a significant change in symptoms or findings suggestive of significant pathology. Therefore, the request for MRI for the lumbar spine is not medically necessary.