

Case Number:	CM14-0150181		
Date Assigned:	09/18/2014	Date of Injury:	02/28/2013
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Texas and Oklahoma. 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 35-year-old male who reported a work related injury on 02/28/2013 due to jumping off of a ladder and striking his knee. His diagnoses were noted to include lumbar spine disc syndrome and low back syndrome. The injured worker's past treatment has included medication management and chiropractic care. Pertinent diagnostic studies include an MRI of the lumbar spine dated 04/16/2013 which revealed a 3.82 mm disc with thecal sac mildly narrowed and normal bilateral neural foramina at L1-2. The facets were normal. At L2-3, there was disc desiccation with a 4 mm disc bulge with thecal sac moderately narrowed and with mild bilateral facet hypertrophy. Bilateral neural foramina were normal. At L3-4, there was a 2 mm disc bulge with thecal sac mildly narrowed and with bilateral facet hypertrophy and mild left neural foraminal narrowing. At L4-5, there was disc desiccation with a 5 mm posterior central broad based disc protrusion with thecal sac mildly narrowed with bilateral facet hypertrophy and mild bilateral neural foraminal narrowing. The L5-S1, the disc, thecal sac were normal with bilateral facet hypertrophy seen. The neural foramina were normal. Upon examination on 05/30/2014, the injured worker complained of pain in the lumbar spine which he rated as 10/10 on a VAS (visual analog scale) pain scale. The injured worker described the pain as constant, sharp, which radiated to the bilateral legs and down to the feet with numbness and tingling sensation. On physical examination of the lumbar spine it was noted that the injured worker had normal lordosis and alignment. It was also noted that there was diffuse lumbar paraspinal muscle tenderness and moderate facet tenderness at L4 through S1. The performance tests were noted to be negative bilaterally, sacroiliac tests were positive bilaterally. Sciatic nerve root tension tests were negative bilaterally. The injured worker's prescribed medications include Prilosec, Ranitidine, Gaviscon, Colace, and probiotics. It was advised that the injured worker avoid NSAIDs. The treatment plan consisted of an MRI scan of the lumbar spine. The rationale

for the request was the injured worker may be a candidate for lumbar epidural steroid injections, facet injections, and sacroiliac joint injections; however, the physician needs an MRI prior to moving forward with the injections. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: An MRI scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines only support a repeat MRI if there is progress of neurological deficits or new injury. The medical records provided for review indicate the injured worker had a previous MRI. The documentation provided for review lacked progressive neurological deficits or new radiculopathy. Additionally, MRI was provided last year, without new symptoms, the medical necessity for MRI of the lumbar spine cannot be warranted. As such, an MRI scan of the lumbar spine is not medically necessary.