

Case Number:	CM14-0159132		
Date Assigned:	10/27/2014	Date of Injury:	12/03/2013
Decision Date:	11/25/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 48-year-old male who reported an injury on 12/03/2013. The mechanism of injury was not provided. On 09/19/2014, the injured worker presented with low back pain and left lower extremity pain. The diagnoses were radiculopathy, lumbar disc herniation, and spinal stenosis of the lumbar spine. Prior therapies included an epidural steroid injection, a home exercise program, and medications. An MRI of the lumbar spine noted degenerative disc disease in the lumbar spine, mild bulge with dorsal annular fissure and mild canal narrowing from L1-2 and mild bulge with superimposed left lateral recess disc protrusion and dorsal annular fissure which extended 2 mm dorsally at the L2-3 with mild encroachment of the left lateral recess with contact at the transversing left L3 nerve root. The provider recommended an MRI of the lumbar spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurological deficits on physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical examination, an MRI is not supported by the referenced guidelines. The injured worker had a previous MRI of the lumbar spine; more information is needed on why a repeat MRI would be indicated. As such, the MRI of the lumbar and/or sacral vertebrae is not medically necessary and appropriate.