

Case Number:	CM14-0160797		
Date Assigned:	10/06/2014	Date of Injury:	06/09/2010
Decision Date:	11/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Pain 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 64 year old female who reported injury on 06/09/2010. The mechanism of injury was not provided. She was diagnosed with lumbar spine discopathy. Her past treatments included acupuncture and medications. The injured worker stated that she has difficulty going to the bathroom and lower back pulsates, she also stated that her pain was 6 out of 10 on the pain scale. The physical exam findings stated that the injured worker had spasms to her lumbar spine with decreased range of motion .Additionally, she had a positive straight leg raise to bilateral lower extremities. The injured worker was taking medications to include Ultram, Elavil, and Etodolac. The treatment plan was for injured worker to have electromyogram and nerve conduction velocity studies, receive additional acupuncture treatments and a MRI to the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (low back and chronic pain).

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, MRI

Decision rationale: The request for a MRI Lumbar Spine w/o Contrast is not medically necessary. The Official Disability Guidelines stated recommended for suspicion of cancer, infection or other red flags (loss of bowel/ bladder control, foot drop, hyper-reflexia, positive Babinski'), for radiculopathy after one month of conservative treatment, prior to lumbar surgery, and myelopathy. Additionally, stated that no benefit from routine lumbar imaging without indications of serious underlying condition. The injured worker stated that she had problems going to the bathroom due to pulsating pain. The clinical documentation stated that the injured worker had a positive straight leg raise to bilateral extremities and decreased range of motion. However, the documentation failed to provide red flags, and conservative treatment. Therefore, based on the documentation provided the request for MRI lumbar spine was not supported by the evidence based guidelines. As such, the request is not medically necessary.