

Case Number:	CM14-0180920		
Date Assigned:	11/05/2014	Date of Injury:	03/28/2011
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 56-year-old female with an original date of injury of March 28, 2011. The injured worker has diagnoses of lumbar radiculopathy, chronic low back pain, lumbar foramina stenosis, and lumbar disc protrusion. The patient has had conservative therapy with activity restriction, physical medicine, epidural steroid injection, and pain medications. The disputed issue is a request for repeat MRI of the lumbar spine. This was denied on October 23, 2014 by a utilization reviewer specified that "there has been no progression of neurologic deficits and with objective presentation better, repeat imaging would not be warranted and therefore, medical necessity has not been established for repeat MRI of the lumbar spine."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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, and MRI Topic

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. The Official Disability Guidelines further state that repeats MRIs should be reserved for cases where a significant change on pathology has occurred. Within the documentation available for review, there is documentation of conservative therapy. The patient has tried epidural steroid injection and is on multiple pain medications, including Norco, Motrin, and gabapentin. The epidural injection provided time-limited benefit as the one done in April was starting to wear off by 6/4/2014. The patient is amenable to surgical consultation. A progress note from 8/2014 documents that there is some mild weakness over the great toe extensor bilaterally and sensory exam is normal. The prior lumbar MRI had been performed on 8/13/2013, which demonstrated levoscoliosis of 14 degrees, marked left lateral recess stenosis/neuroforaminal narrowing at L5-S1 and bilaterally at L4-5, and some mild disc desiccation at the upper lumbar levels. A repeat lumbar MRI at this juncture may affect medical decision-making as the patient is planning to consult with a spine surgeon. Given the continued pain and neurologic dysfunction, the currently requested repeat lumbar MRI is medically necessary.