

Case Number:	CM14-0185356		
Date Assigned:	11/13/2014	Date of Injury:	07/11/2008
Decision Date:	12/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 07/11/2008. The mechanism of injury was not included in the medical records. She was diagnosed with internal disruption at L4-5 and L5-S1. Her past treatments have included physical therapy, injections and medications. Pertinent diagnostic studies included an MRI of the lumbar spine, the date of which was not provided, which revealed high intensity zone consistent with annular tears at L4-5 and L5-S1, and a facet arthropathy at L4-5 and L5-S1. Her surgical history was not included in the medical records. On 08/30/2014, she was noted to have complaints of increased back pain and bilateral leg pain. Upon physical examination the injured worker's lumbar spine range of motion showed flexion to 60 degrees, extension to 25 degrees, and right side bending and left side bending were both 25 degrees. Her motor strength to the lower extremities was 5/5 bilaterally, deep tendon reflexes were 2+ to the knee and ankle bilaterally, and seated and supine straight leg raise were negative. Her medications included Naprosyn, Prilosec, Flexeril, tramadol, and Medrox patches. On 08/30/2014, her treatment plan included planning for anterior lumbar fusion at L4-5 and L5-S1. The provider recommended an MRI of the lumbar spine in order to obtain an updated study prior to surgery. The Request for Authorization form was not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: MRI of 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), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The request for associated surgical service: MRI of the lumbar spine: is not medically necessary. The injured worker has a history disruption at the L4-5 and L5-S1 with a disc space narrowing and facet arthropathy at L4-5 and L5-S1. The Official Disability Guidelines state that repeat MRI is not routinely recommended, it should be reserved for significant change in symptoms or findings suggestive of significant pathology. The injured worker's deep tendon reflexes and strength were normal, and straight leg raise was negative bilaterally. The documentation does not indicate a significant change or worsening has occurred in regards to neurological deficits. There is no evidence of neurological deficit upon physical examination. The request for a repeat MRI is not supported at this time. As such, the request is not medically necessary.