

Case Number:	CM14-0023626		
Date Assigned:	06/11/2014	Date of Injury:	08/10/2010
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 records presented for review indicate this 62-year-old female was reportedly injured on August 10, 2010. The mechanism of injury was noted to be moving items from a classroom. The most recent progress note, dated March 1, 2014, indicated there were ongoing complaints of low back pain radiating to the left lower extremity. Previous treatment has included an L3 through L5 spinal fusion performed on April 14, 2011, as well as an operation for the adjoining segment in 2012. The physical examination demonstrated decreased range of motion of the lumbar spine and lumbar spasms. There were patchy areas of numbness in the lower extremities. The remainder of the neurological examination was within normal limits. There were diagnoses of lumbar post laminectomy syndrome, lumbar radiculopathy and lumbar myofascial pain. Continued followups for pain management, medication therapy and medical monitoring were recommended. There were dedication refills prescribed for gabapentin, tizanidine, Ultracet and a Thermacare heat wrap. A repeat MRI of the lumbar spine was recommended. A request had been made for an MRI of the lumbar spine and resulted in denial on February 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend an MRI of the lumbar spine in the absence of any concerning red flag signs and symptoms. According to the most recent medical examination, dated March 1, 2014, the injured employee does not report any new pain or neurological symptoms, and there was a normal neurological examination with the exception of non-dermatomal sensory deficits. Considering this, there is no justification for a repeat MRI of the lumbar spine. This request for an MRI of the lumbar spine is not medically necessary.