

Case Number:	CM14-0023958		
Date Assigned:	06/11/2014	Date of Injury:	04/11/2013
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 04/11/2013 due to carrying a chair. The injured worker complained of constant back pain and numbness in the right lower extremity. On 02/20/2014 the physical examination revealed spasms and tenderness in the paraspinal muscles. The motor strength was rated a 5/5. The sensory evaluation showed paresthesias along the lateral aspect of both lower extremities. On 10/03/2013 the injured worker had orthopedic evaluation and stated that so far he had 4 physical therapy sessions with limited temporary relief. The MRI on 05/05/2013 revealed that there was a 4mm central protrusion at L4-L5. There was also a 3mm left foraminal protrusion with partial annular tear mild to moderately narrow at the left neural foramen which may affect the exiting left L4 nerve root. The injured worker has a current diagnosis of lumbar herniation with radiculopathy. The injured worker has participated in physical therapy from 9/19/2013 to 10/15/2013. The injured worker was on the following medications hydrocodone, hydromorphone, and norhydrocodone. The current treatment plan is for MRI of the lumbar spine. The rationale or request for authorization form were not submitted 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 SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, MRI.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The injured worker has a history of constant back pain and numbness to his lower extremities. The Official Disability Guidelines (ODG) state that MRIs are recommended as the test of choice for patients with prior back surgery. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and /or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro compression, and recurrent disc herniation). The injured worker has participated in physical therapy and pain management; however, there is lack of documentation in regards to surgery. In addition, the MRI taken on 05/15/2013 showed that there was a 4mm central protrusion at L4-L5. There was also a 3mm left foraminal protrusion with partial annular tear mild to moderately narrow at the left neural foramen which may affect the exiting left L4 nerve root. The signs and symptoms of the injured worker are consistent with the physical examination and MRI. Due to lack of changes in the findings of the injured worker the request for an MRI of the lumbar spine is not supported at this time. Given the above, the MRI of the lumbar spine is not medically necessary.