

Case Number:	CM14-0024827		
Date Assigned:	08/29/2014	Date of Injury:	03/12/2011
Decision Date:	10/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal 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 33 year old male who was injured on 03/12/11. The mechanism of injury is not described. The injured worker is status post discectomy at L5-S1 on 06/15/12. The injured worker complains of stabbing pain in the left lower back, buttock and bilateral upper legs. The injured worker is diagnosed with chronic pain and lumbar strain. Treatment has included physical therapy, chiropractic care and lumbar epidural steroid injections. Records include an EMG/NCV of the bilateral lower extremities dated 09/12/12 which is read as a normal study. Records reference an MRI of the lumbar spine dated 07/24/13. The findings of this MRI are not elaborated upon; however, a follow up note dated 09/23/13 is cited to state that this study, performed with contrast, was insufficient for determining surgical intervention. A recommendation is made for an updated MRI without contrast in order to determine surgical considerations. A clinical note dated 11/21/13 includes a plan to request an MRI of the lumbar spine without contrast. A clinical note dated 01/20/14 notes authorization for an MRI of the lumbar spine without contrast is still pending. This note indicates the claimant's pain is at an steady 7/10. Physical examination reveals lumbar ROM to be 80 flexion and 20 with extension, right and left lateral bending and right and left rotation. The injured worker is able to straight leg raise to 90 bilaterally. A request for an MRI of the lumbar spine is submitted and subsequently denied by Utilization Review dated 01/23/14. An appeal request is submitted on 02/04/14 and is again denied by UR dated 02/11/14. This is a second appeal for an MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305; 303.

Decision rationale: Records indicate a previous MRI was performed on 07/24/13 but contrast was used. It is noted this rendered the study insufficient for surgical determination. Thus, records indicate this MRI is requested to assist in a determination regarding surgical intervention. ACOEM states referral for surgical consultation is indicated when individuals demonstrate severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain, clear evidence of a lesion that would benefit from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. Per these criteria, records do not support the need for referral for surgical consultation. As such, the request for an MRI of the lumbar spine without contrast is not required to assist with the acquisition of a determination regarding surgery. Moreover, ACOEM states the need for an MRI is based upon findings which identify specific nerve root compromise. There are no physical examinations submitted for review which include objective findings suggestive of nerve root involvement about the lumbar spine. Electrodiagnostic study report dated 09/12/12 states this examination "did not reveal any damage to the L3 through S1 nerve roots on either side." Based on the clinical information provided and applicable guidelines, medical necessity of the request for an MRI of the lumbar spine without contrast is not established.