

Case Number:	CM14-0028310		
Date Assigned:	06/13/2014	Date of Injury:	06/06/2011
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 54-year-old female who was injured on June 6, 2011. The patient continued to experience pain in her lower back. Physical examination was notable for tenderness and spasm to the lumbar spine, decreased sensation to the left lateral foot, and weakness on eversion of the left ankle. Magnetic resonance imaging (MRI) of the lumbar spine dated August 31, 2012 reported left lateral disc herniation at L5/S1 level with possible left L5 nerve root compression. Diagnoses included disc protrusion L5-S1, trochanteric bursitis left hip, and meniscal tear right knee. Treatment included acupuncture, medications, physical therapy, and epidural steroid injection. Request for authorization for MRI of the lumbar spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303.

Decision rationale: 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 who 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. Indiscriminate imaging will result in false-positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Tests for lumbosacral nerve root compression are not indicated unless compression is severe or progressive. In this case, documentation of the physical examination, does not support that the patient's complaints are have progressed or increased in severity. The request is not medically necessary.