

Case Number:	CM14-0030923		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2008
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Mississippi. 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 66-year-old female who was reportedly injured on March 6, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 24, 2014, indicated that there were ongoing complaints of low back pain and right leg pain. The physical examination demonstrated tenderness along the lumbar spine musculature and restricted lumbar range of motion with pain. Guarding and muscle spasms were present. There were positive left-sided straight leg raise and decreased sensation in the left L5 and S1 dermatomes. There were diagnoses of degenerative facet disease at L5-S1, moderate thoracic kyphosis, cervical sprain and disc herniation at T5-T6 and T7-T8. A previous lumbar spine Magnetic resonance image (MRI) was obtained. An MRI of the lumbar spine was recommended due to the patient's increased pain level and deterioration of function. A request had been made for a lumbar spine MRI and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without GAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290. Decision based on Non-MTUS Citation ODG-TWC; Low back, lumbar and thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRI, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, a repeat magnetic resonance image (MRI) is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The medical record, dated January 24, 2014, simply stated there was a change in the injured employee's symptoms but no change in any of the objective physical examination findings. Without any significant change of symptoms or findings departing from the injured employee's baseline, this request for a lumbar spine MRI is not medically necessary.