

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0031999 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/18/2010 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 Neurological 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 injured worker is a 29-year-old who was reportedly injured on May 18, 2010. The mechanism of injury is noted as tripping over a pallet while carrying a water pressure machine. The most recent progress note dated December 20, 2013, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Current medications were stated to include Gabapentin, Vicodin, Cyclobenzaprine, and Promolaxin. The physical examination demonstrated no tenderness to the lumbar spine and full lumbar range of motion. There was a positive straight leg test on the left and the right side. Lower extremity neurological examination noted weakness of the left calf and decreased sensation in the toes of the left foot. There was left calf atrophy present. An magnetic resonance image (MRI) of the lumbar spine dated July 14, 2012, objectified disk degeneration and a disc bulge and L4/L5. Nerve conduction studies showed a left-sided L5/S1 radiculopathy. A request had been made for a lumbar spine MRI without dye and was not certified in the pre-authorization process on February 26, 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 dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 medical records provided the most recent magnetic resonance image (MRI) of the lumbar spine was performed two years ago on July 14, 2012. Since that time there has been no stated change in the injured employee symptoms or physical examination. According to the Official Disability Guidelines a repeat 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 records fail to show that there have been significant changes with the injured employee symptoms. The request for an MRI of the lumbar spine without dye is not medically necessary or appropriate.