

Case Number:	CM14-0037160		
Date Assigned:	06/25/2014	Date of Injury:	03/21/2010
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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 52-year-old who sustained an injury to her low back on March 21, 2010. The mechanism of injury was not documented. Magnetic resonance imaging of the lumbar spine dated June 25, 2012 revealed at L4-5, there is a 3mm central disc protrusion without central or foraminal stenosis; L4-5, 3mm central and right paracentral posterior disc protrusion with minimal right foraminal narrowing. The clinical note dated October 23, 2013 reported that the injured worker continued to complain of low back pain at 8-9/10 visual analog scale. The most recent clinical note dated April 25, 2014 reported that the injured worker continued to complain of low back pain at 9/10 visual analog scale that is relatively unchanged. The injured worker stated that her aching pain and intermittent numbness of genitals, rectum, and anus have been intermittent with stress and incontinence of both urine and feces. She reported low back pain over the right SI joint that is severe upon walking with associated right knee pain that is exacerbated by all weight bearing on the right leg. Physical examination noted back pain with no weakness, tremor, seizures or ataxia. The pain is moderately to severely affecting the injured worker's work, concentration, mood, sleeping pattern, and overall functioning. The injured worker was assessed to have right sacroiliac joint dysfunction and lumbar degenerative disc disease at L3-4, L4-5, and L5-S1 with radiculopathy. It was noted that the injured worker has responded well to epidural steroid injections in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical guidelines tools for repeat imaging studies-repeat spine imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: There was no description of the presence of true radicular symptoms or signs such as dermatomal sensory depression, reflex depression, or true motor weakness. There was no indication that plain radiographs were obtained prior to the request for more advanced magnetic resonance image (MRI). There was no mention that a surgical intervention had been performed or was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There were no additional significant 'red flags' identified. Given this, the request for an MRI of the lumbar spine without contrast is not medically necessary or appropriate.

Bilateral sacroiliac joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: There were no findings on physical examination that special testing maneuvers provocative for sacroiliac joint dysfunction had been performed or were positive, indicating injections. Given this, the request for bilateral sacroiliac joint injections is not medically necessary or appropriate.