

Case Number:	CM14-0039751		
Date Assigned:	06/27/2014	Date of Injury:	11/07/1991
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 Medicine and is licensed to practice in Texas. 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 sustained an injury to her low back on 11/07/91. Mechanism of injury was not documented. The most recent clinical note dated 02/24/14 reported that the injured worker complained of symptoms in the low back that increased since previous visit. The injured worker described her pain as constant and occasionally radiating to the right lower extremity. Treatment included back brace and abdominal support pad. The injured worker reported that the back brace did not provide lumbar support anteriorly. The injured worker reported that her current pain regimen was providing reasonably good relief and that current medication was helping to improve her functional ability with no side effects. Current medications included Soma, Pravastatin, and Acetaminophen-codeine. The injured worker noted subjective increased pathology and requested MRI of the lumbar spine. Physical examination noted straight leg raise negative bilaterally, palpation of the lumbar para spinal musculature noted bilateral pain at L5-S1, normal sensation in all dermatomes, deep tendon reflexes 3+ in bilateral lower extremities, except for Achilles 1+ bilaterally. The injured worker was assessed to have displacement of lumbar intervertebral discs without myelopathy, post-laminectomy syndrome of the lumbar spine, and acquired spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar Spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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: The request for MRI of the lumbar spine with and without contrast is not medically necessary. Previous request was denied on the basis that there were no specific neurological deficits documented on physical examination. There was no neurological differential diagnosis to support a rationale for MRI of the lumbar spine, therefore the request could not be deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no mention that a surgical intervention had been performed or is anticipated. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine with and without contrast is not indicated as medically necessary.