

Case Number:	CM14-0040568		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2011
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female with a reported date of injury on 06/03/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with lumbar pain. The injured worker rated the pain at 9/10. Upon physical examination the injured worker presented with limited lumbar active range of motion. The physician indicated that the injured worker had decreased reflex at the left ankle and decreased sensation distally. The muscle strength of the bilateral lower extremities was rated at 5/5. In addition, the injured worker presented with a negative straight raise bilaterally. The lumbar MRI dated 02/28/2012 revealed L5-S1 disc degeneration, L4-5 mild disc spacing without demonstration of disc herniation, L3-4 decreased disc hydration and T12-L1 disc degeneration. The previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included low back pain, bulging disc, degenerative lumbar disc, spondylolisthesis and right knee pain. The injured worker's medication regimen included Voltaren gel, Lidoderm patches and diclofenac. The request for authorization for an MRI of the lumbar spine was not submitted. The rationale for the request was not provided within the documentation available for review.

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: 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), Treatment Index, 12 Edition (web), 2014, Low Back, MRI.

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, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical information provided for review lacks documentation of neurological deficits. The lower extremity strengths were rated at 5/5, reflexes were not documented and there was a bilateral negative straight leg raise. In addition, there is a lack of documentation related to the EMG findings. The MRI dated 02/28/2012 revealed disc degeneration of L4-5, mild disc space narrowing without demonstration of disc herniation, L3-4 decreased disc hydration with minimal annular bulging and T12-L1 disc degeneration with a right disc herniation projecting up to 5 mm into the canal and extending upward from the disc spaces. There was a lack of documentation related to red flags or increased injury or significant change in symptoms and/or findings suggestive of significant pathology. The rationale for the request is not provided within the documentation available for review. In addition, the guidelines do not recommend repeat MRIs. Therefore, the request for an MRI of the lumbar spine is not medically necessary.