

Case Number:	CM14-0046632		
Date Assigned:	07/02/2014	Date of Injury:	04/22/2010
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 42-year-old male who reported an injury after a motor vehicle accident on 04/22/2010. The clinical note dated 03/03/2014 indicated diagnoses of lumbar spine enthesopathy and lumbar spine disc protrusion. The injured worker reported continuous pain in the low back that radiated to his right leg with numbness and tingling in his right leg. The injured worker reported his pain was 7/10. He reported coughing and sneezing aggravated his lower back. The injured worker reported prolonged standing, walking, and sitting increased his pain. The injured worker reported he was unable to sit or stand for longer than 60 minutes before his pain symptoms increased. The injured worker reported difficulty bending forward, backwards, sideways, and driving for a prolonged period of time. The injured worker reported difficulty sleeping and reported he awakened with pain and discomfort. The injured worker reported his pain level varied throughout the day depending on activities. The injured worker reported he experienced some sexual dysfunction. The injured worker reported intermittent pain in his right thigh which was radicular from his lumbar spine with episodes of numbness and tingling in the right leg. The injured worker rated his pain 3/10 with difficulty standing and walking for a prolonged period of time. The injured worker reported his leg had given out causing him to lose his balance. The injured worker reported increased pain with flexion, extension, abduction, and adduction of his leg. The injured worker reported difficulty with ascending and descending stairs and with walking and reported he walked with an uneven gait. The injured worker reported his pain level varied throughout the day depending on activities. On physical examination of the lumbosacral spine, there was tenderness to palpation over the bilateral paralumbar musculature with mild spasms. The injured worker's range of motion revealed extension of 35 degrees, lateral bending of 35 degrees bilaterally, and rotation of 45 degrees bilaterally. The injured worker's treatment plan was a repeat MRI of the lumbar spine.

The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted a request for repeat MRI of the lumbar spine. Request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines for Low Back regarding MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: The request for repeat MRI of the lumbar spine is not medically necessary. The MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation submitted did not indicate the injured worker had findings that would support he was at risk for a tumor, infection, fracture, neurocompression, or a significant change in symptoms. In addition, there was lack of findings of significant pathology. Therefore, the request for a repeat MRI of the lumbar spine is not medically necessary.