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| Case Number: | CM14-0046916 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/18/2008 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 11/18/2008. The mechanism of injury was not provided. On 03/13/2014, the injured worker presented with bilateral knee pain. He also had complaints of right groin burning pain, right lateral and posterior leg pain that radiated down the posterior lateral ankle, and a small hernia. Upon examination, the injured worker ambulated with the use of a crutch. There were hyperesthesias to the right L4, L5, and S1 area, and there were absent knee and ankle reflexes. The right sided straight leg raise elicited pain. There was tenderness to the greater trochanter area and right anterior superior iliac spine. An x-ray of the lumbar spine on 03/13/2014 revealed multilevel degenerative changes without evidence of acute fracture or dislocation and query bilateral spondylolysis at the level of L5 without associated spondylolisthesis. Other treatments were not noted. The provider recommended a repeat MRI of the lumbar spine; the provider's rationale was to rule out a significant disc abnormality causing the right leg pain. The request for authorization was dated 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for repeat lumbar MRI is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on a neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation lacked evidence of the results from the previous MRI. Additionally, there was no evidence of failure to respond to conservative treatment to include medications and physical medicine. There was a lack of evidence of a red flag. Further documentation would be needed to indicate how a repeat MRI of the lumbar spine would alter the course of the injured worker's treatment plan. As such, the request is not medically necessary.