

Case Number:	CM14-0054340		
Date Assigned:	07/07/2014	Date of Injury:	12/12/2009
Decision Date:	08/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopaedic Surgery 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:

This 48-year-old female sustained an industrial injury on 12/12/09. The mechanism of injury was not documented. The 3/19/10 lumbar spine MRI impression documented mild disc degenerative at L3/4 suggested with minor annular disc bulging. There was no focal disc herniations. The progress reports from May 2013 to March 2014 indicate episodic elevations of low back pain. The pain seemed to be managed with regular access to medications. There was no change in the neurologic exam noted over this period. There was no evidence of nerve root compromise. The 3/24/14 treating physician report cited increased low back pain radiating into her buttocks. She reported moving heavy parts at work with a hoist that strained her back. She was using a lumbar support orthosis and stretching daily. The physical exam documented limited lumbar range of motion with severe paraspinal spasms and tenderness. Lower extremity sensory and motor functions were intact and symmetric. Straight leg raise was equivocal. The diagnosis was low back pain and probable lumbar radiculopathy. The treatment plan recommended an MRI of the lumbar spine to rule-out disc herniation and authorization for a consult to discuss interventional pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The ACOEM revised low back disorder guidelines state that repeat lumbar MRI without significant clinical deterioration in symptoms and/or signs is not recommended. The guideline criteria have not been met. There are no current neurologic exam findings suggestive of a significant clinical deterioration in her condition to support the medical necessity of repeat MRI. There are no clinical exam findings suggestive of severe or progressive neural compromise. Therefore, this request for an MRI of the lumbar spine is not medically necessary.