

Case Number:	CM14-0063825		
Date Assigned:	07/11/2014	Date of Injury:	03/30/2013
Decision Date:	08/27/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 34 year old female who sustained an injury to her low back on 03/30/13 while performing her usual and customary duties as a pizza maker. The injured worker stated while getting a pizza out of the oven and lifting sodas, a painful pulling sensation was felt in the low back, but continued to work and as she bent down, she experienced a painful pulling sensation in lumbar spine with acute onset of severe pain, falling backwards and landing on to her buttocks. The injured worker reported pain as dull, achy, sharp, shooting, throbbing, burning, and stabbing, radiating to her left buttock down the left leg and thigh. The injured worker reported difficulty sleeping with pain that awakened her. MRI of the lumbar spine dated 07/05/13 reportedly revealed L4-5 mild to moderate degree disc degeneration with diffuse disc bulge and central to right neural foraminal disc protrusion, small midline posterior annular fissure; mild degenerative facet arthritis; L5-S1 moderately severe disc degeneration with broad based posterior disc bulge, small central extruded posterior disc fragment with small annular fissure, also mild disc bulging into both bilateral neural foramina with mild to moderate degenerative facet arthritis and borderline left neural foraminal stenosis. Electrodiagnostic (EMG/NCV) of the bilateral lower extremities dated 07/09/13 was reportedly unremarkable. Physical examination noted mildly antalgic gait; knee and squat to 50% of normal; straight leg raise right positive at 60 degrees bilaterally; lumbar range of motion restricted, reflexes 2+ in patellar/Achilles; motor testing 4+/5 in the left lower extremity; sensation mildly diminished in left lower extremity.

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 Official Disability Guidelines, Low Back (Acute & Chronic).

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 repeat lumbar MRI is not medically necessary. Previous request was denied on the basis that the information submitted for review was without evidence of supportive findings indicating significant clinical deterioration after initial MRI. Conservative treatment is symptom based and imaging studies should not be the basis of determining non-operative therapy, nor simply to update the status of a patient, because there was no recent imaging study. The injured worker was authorized to undergo aqua therapy and there was no indication for repeat MRI at this time. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for repeat lumbar MRI is not indicated as medically necessary.