MAXIMUS Federal Services

Case Number:	CM14-0064598		
Date Assigned:	07/11/2014	Date of Injury:	11/05/1997
Decision Date:	09/16/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Management 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 60 year old female who sustained an injury to her low back on 11/05/97. The mechanism of injury is not documented. The one clinical note submitted for review dated 03/25/14, reported that the injured worker continued to complain of low back pain that radiates from the right buttock and lower extremity. The injured worker stated that the pain travels down the inside of her groin and thigh area, stopping at her knee. She believed that the back pain is increasing and stated that something may be different with her back at this point. She stated the pain is now radiating to her bilateral knees and groin which is new for her. The injured worker rated her pain as 10/10 Visual Analog Scale (VAS). Physical examination noted motor strength at 5/5 throughout the bilateral lower extremities; sensation decreased to light touch in the left lower extremity in a non-dermatomal distribution. Straight leg raise is positive bilaterally at 45 degrees. The injured worker was diagnosed with lumbar disc degeneration and myofascial pain syndrome. Due to decreased sensation of the left lower extremity and new onset of pain radiating to the groin, new updated MRI of the lumbar spine was requested.

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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Indications for Imaging, Magnetic Resonance Imaging.

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 an MRI of the lumbar spine with and without contrast is not medically necessary. The previous request was denied on the basis that there was no documentation of any pertinent surgery. Given that the injury is several years old, it is unclear when the prior imaging study/MRI of the lumbar spine was performed. Furthermore, the injured worker's sensory deficits are in a non-dermatomal distribution. The injured worker does not have any motor deficits hence; the necessity of MRI is questionable and rationale for requesting MRI with contrast is not clear. Finally, it was unclear if the findings of the testing would impact her management given that the injuries are about 14 years old. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant a repeat study. There was also no previous imaging study or clinical notes provided for review to compare the 03/25/14 note to that would indicate any progressive focal neurological deficits. Given this, the request for MRI of the lumbar spine is not medically necessary.