

Case Number:	CM14-0066487		
Date Assigned:	07/11/2014	Date of Injury:	10/02/1992
Decision Date:	10/02/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 53 year old female who sustained an injury to her low back on 10/02/92. The mechanism of injury was not documented. Progress note dated 04/16/14 reported that the injured worker complained of persistent low back pain, psychological stress and depression. Electro conclusive therapy was quite effective. Current medications included Deplin, Norco, Protonix, Seroquel, Zocor, and Zanaflex. The injured worker was noted to be severely obese with body mass index of 38. Physical examination noted limited lumbar range of motion with positive right-sided lumbar straight leg raise. Other treatment to date included analgesic medications, attorney representations, unspecified amounts of physical therapy; or, unspecified amounts of chronic therapy, psychotropic medications, and extensive periods of time off work. The injured worker was noted to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar MRI (Magnetic Resonance Imaging): Upheld

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

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 in this case, there was no evidence of neurological compromise appreciated on the most recent office visit. There was no mention that the injured worker was having issues with lower extremity weakness on the most recent office visit. Given the multifocal nature of the complaints and psychological overlay, it would be unlikely that she would be in fact a surgical candidate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no recent physical examination findings of decreased motor strength, increased reflex, or sensory deficits. There was no indication that plain radiographs had been obtained prior to request for more advanced MRI. 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.