

Case Number:	CM14-0070880		
Date Assigned:	07/14/2014	Date of Injury:	02/11/2010
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/16/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 30-year-old female who reported an injury on 02/11/2010. The mechanism of injury was noted to be a fall. Her diagnoses include chronic lumbar myoligamentous sprain/strain, left lumbosacral radiculitis, and disc protrusion at L4-5 and L5-S1. Her previous treatments were noted to include chiropractic treatment, acupuncture, and shock wave therapy. She was noted to have undergone an MRI of the lumbar spine on 04/05/2013, which reportedly revealed disc protrusions at the L4-5 and L5-S1 levels abutting the transiting nerve roots. The injured worker underwent an MRI of the lumbar spine on 02/14/2014, which revealed a broad-based disc protrusion, ligamentum flavum hypertrophy, and bilateral neural foraminal narrowing at the L4-5 and L5-S1 levels. At her 03/11/2014 office visit, the injured worker was noted to complain of low back pain with numbness and tingling radiating to the lower extremities, more on the right than the left. Her physical examination was noted to reveal restricted range of motion of the lumbar spine, negative straight leg raising bilaterally, tenderness to palpation over the left-sided paraspinal muscles, and normal sensation and reflexes to the bilateral lower extremities. A recommendation was made for physical therapy as it was noted that she had not participated in previous physical therapy or exercises. The treating provider also recommended electrodiagnostic testing and an updated MRI to evaluate for appropriateness of epidural steroid injections. A Request for Authorization form for an MRI of the lumbar spine was not provided in the medical records.

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. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, unequivocal evidence of neurological dysfunction on physical examination may warrant an imaging study in injured workers who have not responded to conservative treatment. The clinical information submitted for review failed to show any evidence of neurological dysfunction on physical examination to warrant an MRI at this time. In addition, the patient was noted to have an MRI of the lumbar spine on 02/14/2014. Therefore, further clarification would be needed regarding the need for a repeat MRI in the absence of clear documentation of progressive neurological deficits. Based on the above, the request is not medically necessary.