

Case Number:	CM14-0070996		
Date Assigned:	07/14/2014	Date of Injury:	05/31/2002
Decision Date:	08/13/2014	UR Denial Date:	04/16/2014
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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 records indicate the injured worker is a 56 year old female injured on 5/31/02 due to tripping over a box injuring bilateral knees, low back, right shoulder, neck, left ankle, head, right thumb, and right hand. Clinical document dated 4/2/14 states the injured worker complains of intermittent to slight low back pain that radiates to both thighs with right greater than left. The clinical document also states the injured worker's sitting tolerance is one minute, standing tolerance is ten minutes, and walking tolerance is twenty minutes. The injured worker underwent lumbar spine surgery in 2012. An MRI of the lumbar spine was performed prior to lumbar surgery. Diagnoses include lumbar spine strain with radicular complaints status post-surgery. The clinical note dated 4/30/14 states the injured worker continues to complain of intermittent to moderate back pain with radiation down to both knees and legs. No visual analog scale scores documented. Objective data during this office visit notes increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 and right greater sciatic notch. Muscle spasms were noted as well to the lower back. In the clinical note dated 5/28/14, the injured worker continues to complain of pain to lower back that radiates to bilateral knees and legs. The injured worker's orthopedic physician had authorized the injured worker to undergo a pain management evaluation for medication and is pending scheduling. Clinical note dated 6/9/14, the injured worker complains of ankle pain. The prior UR decision dated, 4/14/14, denied request for MRI of lumbar spine.

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 w/o Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: This is a claimant with chronic low back pain following low back surgery. Recent physical exam of 4/2/14 revealed no neurologic deficit. Sensory, motor were noted to be normal. Subsequent exam by a different examiner of 6/9/14 revealed no lumbosacral neuropathy. American College of Occupational and Environmental Medicine does not specifically address repeat MRI imaging. However the requirements for MRI imaging would be the presence of red flags but recent exam reveals no red flags. Official Disability Guidelines addresses repeat imaging would only be reasonable if there has been a significant change of symptoms and/or findings of significant pathology. This condition has not been documented. Therefore the requested repeat MRI is not recommended as medically necessary.