

Case Number:	CM14-0072915		
Date Assigned:	09/30/2014	Date of Injury:	03/01/2013
Decision Date:	12/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

This is a 44-year-old male with a 3/1/13 date of injury. According to a progress report dated 1/27/14, the patient complained of lower back pain going down both legs. He reported his pain as a 7/10. He has done physical therapy 2 months ago, acupuncture 2 to 3 months ago, and chiropractic therapy has not been scheduled. Objective findings: restricted lumbar range of motion, no tenderness or spasm on lumbosacral palpation. Diagnostic impression: lumbar disc herniation, lumbar radiculopathy. Treatment to date: medication management, activity modification, lumbar ESI. A UR decision dated 4/29/14 modified the requests for TENS/EMS unit for home use x1 month trial to certify a one-month trial and two-month supplies to certify one-month of supplies. The request for repeat MRI lumbar spine was denied. A specific rationale for modification was not provided. Regarding MRI, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination with a recent significant change or consideration for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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 Chapter - MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In the present case, this is a request for a repeat lumbar MRI. However, there is no reference to a previous MRI to assess for interval changes in the patient's condition to warrant a repeat MRI. According to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for Repeat MRI Lumbar Spine was not medically necessary.