

Case Number:	CM14-0077249		
Date Assigned:	07/18/2014	Date of Injury:	04/08/2013
Decision Date:	08/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 patient is a 34 year old female who sustained an industrial injury on 5/18/2013, when she tripped and fell. Treatment to date has included medications, physical therapy, SI (sacroiliac) joint blocks, lumbar ESI (epidural steroid injection) and selective nerve root blocks. A lumbar MRI on 6/4/2013 reportedly showed a 5mm central disc bulge at L5-S1. According to the 5/21/2014 progress report, the patient complains of low back pain with numbness to the left buttocks, posterior thigh, calf and second and third toes of the left foot. Low back pain is worse than the lower extremity symptoms. She has had 5 lumbar epidural injections and the last one was 6 weeks ago. She has also had SI joint injections and caudal injections. She has had 6-8 weeks of physical therapy. Current medications are Celebrex, Soma, and Flexeril. Objective finding on examination is 4/5 strength of the left EHL (Extensor Hallucis Longus) and right gastrocnemius, and positive SLR (straight leg raise) bilaterally. Diagnosis is lumbar spine radiculopathy and lumbar spine herniated nucleus pulposus. Treatment plan is to request a new lumbar MRI as the previous study is almost one year old, and try acupuncture, pending authorization, as patient wishes to continue conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, MRIs (magnetic resonance imaging).

Decision rationale: According to the CA MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. According to the records, the patient underwent lumbar MRI study in June 2013. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). A review the medical record does not reveal any significant change in the patient's symptoms or findings to suggest significant pathology is present. The request for lumbar MRI is not supported by the guidelines, and is not medically necessary.