

Case Number:	CM14-0078312		
Date Assigned:	07/18/2014	Date of Injury:	10/26/2010
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopedic Surgery and is licensed to practice 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 patient is a 45 year old male with a date of injury of 10/26/10. There were no clinical reports submitted for review. The medical history of this patient is obtained from previous utilization reviews dated 05/19/14 and 07/08/14. The mechanism of injury is not indicated. The injured worker is reportedly diagnosed with lumbar degenerative disc disease and back pain. A magnetic resonance image (MRI) of the lumbar spine was performed on 06/01/12 and reportedly revealed a prominent far right lateral 4.5 mm disc protrusion at L4-5 with displacement to the lateral aspect of the right exiting L4 nerve as well as lateral recess stenosis and prominent neural foraminal stenosis. Electrodiagnostic report dated 06/14/12 revealed a normal study. MRI of the lumbar spine dated 07/24/13 showed a rudimentary disc at S1-2 and a broad based right foraminal lateral disc protrusion with annular tear at L5-S1 with severe right sided foraminal narrowing and bilateral facet hypertrophy which is worse on the right. Electromyogram/nerve conduction velocity of the lower extremities performed on 11/11/2013 is negative. Treatment to date has included epidural steroid injections (ESI) x4 at L5-S1, epidural steroid injections x2 at L4-5 and facet injections at L5-S1. The first set of ESI, performed at left L4-5 and L5-S1 on 11/09/12 provided 50% reduction in pain. The pain was noted to have returned at visit on 02/13/13. The subsequent injections provided no significant benefit. The most recent injection was an ESI performed at L4-5 on 06/20/14. Diminished sensation at left L5 and S1 dermatomes and left S1 weakness are noted. Surgical intervention for the lumbar spine is recommended and a repeat MRI of the lumbar spine is requested. Utilization review dated 05/19/14 finds this request to be non-certified. Utilization review dated 06/22/14 addresses request for a micro lumbar laminotomy at Left L5-S1. The request for the laminotomy is denied; however, this utilization review includes an approval for the previously requested repeat MRI. Records do not indicate this repeat MRI has been performed.

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 Page(s): 53,303,304.
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 rationale: The documentation submitted for review did not contain any clinical notes or reports. A letter accompanying the latter utilization review indicates the repeat magnetic resonance image (MRI) is approved and is pending. There is no indication included in the submitted records which suggests the repeat MRI has been performed. Due to the lack of clinical documentation and the conflicting information concerning this request, medical necessity for the herein requested repeat MRI cannot be established.