

Case Number:	CM14-0079469		
Date Assigned:	07/18/2014	Date of Injury:	08/13/1985
Decision Date:	12/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and Pain Medicine 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:

The injured worker is a 51-year-old female who reported an injury on 08/13/1985 while working as a seamstress; she was lifting a bolt of material when she hurt her lower back. The injured worker had a diagnosis of lumbar herniated nucleus pulposus, status post lumbar spinal fusion/laminectomy, fibromyalgia, and lupus. Prior diagnostic included MRI, dated 02/01/2014, that demonstrated arachnoiditis and inflammation around the left S1 nerve, rule out, other disc levels look perfect. Prior treatments included injections, physical therapy, and medication. The injured worker rated her pain as 6/10 using the VAS. No medications were provided. The examination, dated 04/28/2014, revealed a well-nourished, well developed female in no distress. Musculoskeletal revealed gait was antalgic with mild tenderness to palpation over the lower back. Neurologic examination revealed right lower leg weakness particular to the quadriceps, anterior tibialis, EHL, and gastro/soleus, 2+ pulses, deficit to the right and left, and gastro/soleus reflex. Past surgeries included 5 surgeries to the lumbar spine. The treatment plan included a lumbar spine MRI. The Request for Authorization dated 07/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: The request for lumbar spine MRI is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when a neurological exam is less clear, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical documentation failed to show evidence of significant neurological deficit on physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. The injured worker also had an MRI, dated 04/2014, but the documentation failed to indicate any significance as to why the injured worker would need another MRI. The prior MRI was not included in documentation. As such, the request is not medically necessary.