

Case Number:	CM14-0080147		
Date Assigned:	07/18/2014	Date of Injury:	10/13/2004
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
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 Occupational 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 patient is a 37 year old female who was injured on 10/13/2004. The mechanism of injury is unknown. The diagnostic studies reviewed include EMG/NCS dated 05/28/2014 demonstrated chronic bilateral L5 (or L4) radiculopathy. An MRI of the lumbar spine dated 01/20/2013 revealed tear triangular ligament and small radioulnar effusion. There is borderline widening of the scapholunate space. The progress report dated 04/29/2014 states the patient complained of continued back pain in her neck and low back. She rated her pain as 8-9/10 with radiation to the thoracic spine and left upper trapezius. She has associated weakness of both hands and occipital headaches rated as 5-8/10. The patient reported lumbar spine pain in the left more than the right side, rated as 6-9/10 with radiation to the lateral aspect of the left thigh and leg to the entire left foot. On examination, the lumbar spine revealed tenderness to palpation about the left more than right lumbar paravertebral muscles, spinous processes and left more than right sacroiliac joints. She has left sciatic notch pain, deep tendon reflexes are 2+ with normal sensation, straight leg raise is positive bilaterally in the sitting position, left more than right, Supine Lasegue's are bilaterally positive, left more than right at 35 degrees on the right and 20 degrees on the left. The diagnosis is lumbar spine strain with left greater than right sciatica disc desiccation at L4-L5 and L5-S1 levels. The patient was recommended for MRI of the lumbar spine. A prior utilization review dated 05/19/2014 states the request for MRI (Magnetic Resonance Imaging) of the Lumbar Spine without Contrast is denied as there is evidence to support medical necessity.

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 without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: This is a request for repeat MRI for a 37-year-old female injured on 10/13/14 with chronic low back pain. On 4/20/14 exam, the patient was noted to have radicular pain, numbness and tingling. An examination showed positive straight leg raise. The patient's last MRI was on 05/02/11. EMG/NCV in 2011 suggested L5 radiculopathy. While records do not demonstrate a significant change in symptoms or exam findings, the patient is being considered for surgery, and the last MRI was about 3 years ago. Therefore, the request is medical necessary.