

Case Number:	CM14-0081961		
Date Assigned:	07/18/2014	Date of Injury:	01/07/2011
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 42 year old female who sustained an injury to her low back on 01/07/11. Mechanism of injury was not documented. Clinical note dated 04/17/14 reported that the injured worker continued to complain of low back pain on the right radiating down the right lower extremity, L4-5 and L5-S1 area and right buttock. There was no imaging study provided for review. Physical examination noted tenderness and pain over L4-5 and L5-S1 over the right and left sacroiliac joints and extending down the right buttocks; positive straight leg raise; pain radiating from her right buttock down her lower extremity. The impression was that the injured worker had left-sided disc herniation at L4-5 of 4-5mm pushing on L5 nerve root, failed non-operative treatment including physical therapy, anti-inflammatories, and epidural steroid injections. The injured worker underwent left L4-5 microdiscectomy on 03/27/13. Updated magnetic resonance image was requested for evaluation of further disc disease.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Indications for Imaging -- Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: There was no objective documentation that initial conservative care such as medications, activity modifications and physical therapy has failed or no clearly indicated clinical rationale for the proposed magnetic resonance image (MRI). Submitted records did not indicate clear-cut treatment plan requiring further investigation with the proposed imaging studies. There was no record of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There was no mention that a surgical intervention was anticipated. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There were no additional significant 'red flags' identified that would warrant repeat study. Previous study was not provided for review. Given this, the request for MRI of the lumbar spine without contrast is not indicated as medically necessary.