

Case Number:	CM14-0083692		
Date Assigned:	07/21/2014	Date of Injury:	07/06/2011
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 New York and North Carolina. 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:

This patient claims injury 7/6/11 from cumulative trauma working as a deli worker. She prepared and served salads, sandwiches and chicken for customers. She is requesting appeal to the denial of lumbar spine MRI issued 5/13/14. She is diagnosed with lumbar facet syndrome, but has multiple other complaints related to this claim, including shoulder and knee pain, hypertension, etc. She has lumbar spondylosis L4-S1 and disc bulges at L4-5 and L5-S1. She had a rhizotomy 11/2013, with improvement in her back pain. She now has left-sided sciatic symptoms. Examination 5/1/14 noted focal tenderness at the L-S junction and superior iliac crest and left sciatic notch. She was noted to walk with a limp on the left side. On 4/11/14 examination, she was noted to be neurologically intact. Evaluation 3/9/14 by pain management noted new onset left leg sciatic symptoms and notes a positive left Lasegue's. Examination 4/7/14 notes a "weakly positive straight leg raise." She has been deemed temporarily totaled disabled.

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: Upheld

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

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, MRIs.

Decision rationale: This patient has shown some evidence of neurological change in the left lower extremity. The MTUS guidelines, note that MRI can be obtained when surgery is being considered in the setting of identified specific nerve compromise. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." The goal is not identify incidental findings which don't have clinical significance. Per ODG, 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, recurrent disc herniation). The MRI is not medically necessary.