

Case Number:	CM14-0088805		
Date Assigned:	07/23/2014	Date of Injury:	08/08/2007
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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:

Injured worker is a female with date of injury 8/6/2007. Per follow up note dated 5/14/2014, the injured worker presented with pain located in the right lower back area. The pain was radiating down the right leg, into the right groin. Symptoms are described as aching, constant, dull, intermittent, sharp and stabbing. Symptoms are increasing. Symptoms are alleviated by lying down and exacerbated by driving, prolonged sitting, bending over and walking. On examination she is in no acute distress. Gait is normal with no antalgia or ataxia. Lumbar spine has no deformity, erythema, soft tissue swelling, ecchymosis or atrophy. There is severe tenderness present at the right iliac crest with radiation throughout the right inguinal region. FABER test is positive, internal and external rotation of the hips in a seated position increases pain. The passive straight leg raise test is positive on the right. Right ankle dorsiflexion strength is 4+/5, left ankle dorsiflexion strength is 5/5, right great toe strength is 5-/5 and left great toe strength is 5/5. Sensation is decreased on the right in the L5 dermatome. There is a slight antalgic gait. Diagnoses include 1) lumbar degenerative disc disease 2) spinal stenosis without neurogenic claudication 3) low back pain 4) sciatica 5) backache 6) lumbar radiculopathy 7) degenerative joint disease, spine 8) pain in joint-pelvis and thigh.

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 with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Low Back Procedure Summary last updated 03/31/2014; Indications for magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. It is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. This injured worker has been injured since 2007. It is noted that the injured worker had a prior lumbar MRI in 6/2013, and has recently completed EMG. There is no indication that the injured worker has had a significant change in clinical presentation or symptoms that may indicate a repeat MRI is necessary. The requesting physician explains that following the review of the previous MRI, there are no good surgical indications for the injured worker. The request for the repeat MRI is to verify that surgery is not in her interest. The request for MRI of the lumbar spine with contrast is not be medically necessary.