

Case Number:	CM14-0091723		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2003
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Neuromuscular and is licensed to practice in Maryland. 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 53 year old with a work injury dated 1/28/03. The diagnoses include lumbosacral radiculopathy and lumbar degenerative disc disease. Under consideration is a request for an MRI of the lumbar spine without contrast. There is a primary treating physician (PR-2) document dated 5/22/14 that reveals that her musculoskeletal exam revealed a slouched posture, rounded shoulders. Diffuse tenderness in the right buttock region and groin. There is normal thoracic kyphosis. The Lumbar Spine revealed: normal lordosis; forward flexion 30 degrees with end-range pain, extension 5 degrees with end-range pain; dural tension signs negative bilateral Hips: FABERs - the range of motion was normal bilaterally, but painful on the right. There is groin tenderness on the right. The right great trochanter was tender. There was 5/5 strength bilateral upper and lower limbs in all major muscle groups (give-way 2nd pain on right hip flexion). The reflexes were 1+ biceps bilaterally; 1 + patellar bilaterally and unable to elicit Achilles bilaterally. The gait was slow deliberate, heel-to-toe, able to stand on heels and toes with assistance for balance. The plan states that she is awaiting MRI lumbar spine. Regarding medications, since her last visit, she has decreased her Soma and Norco. She is reporting higher pain levels. Per documentation multiple lumbar MRIs have been done with the latest on 11/19/12 that showed mild facet hypertrophy at L4-5 and L5-S 1.

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.

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

Decision rationale: An MRI of the lumbar spine without contrast is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that 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. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation submitted does not reveal a plan for lumbar surgery or evidence of red flag conditions. The documentation indicates that patient has had multiple past MRI of the lumbar spine. The request for MRI of the lumbar spine without contrast is not medically necessary.