

Case Number:	CM14-0096942		
Date Assigned:	07/28/2014	Date of Injury:	06/03/2011
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old female who is reported to have sustained work related injuries to her low back on 06/03/11. The submitted clinical records indicate that the injured worker has constant aching and sharp pain in the bilateral aspects of the lower lumbar spine radiating into the lower extremities. Walking, standing and lying aggravate the pain where sitting alleviates the pain. The injured workers' visual analog scale is reported to be 8/10. On examination she is noted to be tender over the paraspinal musculature from L4-5 to L5-S1 bilaterally. The injured worker has limited lumbar range of motion and ambulates with a single point cane. The injured worker is reported to be tender over the cervical paraspinal musculature has tenderness over the medial joint line of the right knee with a decreased left ankle reflex and decreased sensation distally. Motor strength is reported to be intact. The record reflects that the injured worker has been receiving acupuncture with benefit. A magnetic resonance image of the lumbar spine dated 02/28/12 notes disc degeneration with a right posterolateral annular tear and broad annular bulging at L5-S1 with moderate to severe right and severe left neural foraminal narrowing. At L4-5 there is mild disc space narrowing without demonstration of disc herniation or canal compromise. There is moderate hypertrophic facet arthropathy with mild foraminal narrowing. At L3-4 there is decreased disc hydration with minimal annular bulging. There is mild facet arthropathy at this level. There is mild canal and mild foraminal narrowing present. At T12-L1 there is disc degeneration with a right paracentral disc herniation projecting up to 5 mm into the canal extending upward from the disc space, mildly indenting the right anterior aspect of the distal thoracic cord and producing moderate narrowing of the right aspect of the canal. The injured worker's treating provider subsequently has recommended a magnetic resonance image of the lumbar spine to determine current status of spinal etiology. The record

contains a utilization review determination dated 05/30/14 in which a request for magnetic resonance imaging of the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat magnetic resonance imaging of the lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for magnetic resonance image (MRI) of the lumbar spine is not supported as medically necessary. The submitted clinical records indicate that the injured worker's condition is stable. There is no indication of a progressive neurologic deficit from which to establish the medical necessity for a repeat MRI of the lumbar spine.