

Case Number:	CM13-0028902		
Date Assigned:	09/08/2014	Date of Injury:	08/12/2009
Decision Date:	02/28/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 is a 33 year old female who sustained a work related injury on 8/12/2009. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the Secondary Treating Physician's Progress Report dated 5/30/2013, the injured worker reported chronic low back pain with continued symptomology. Objective physical examination revealed pain and tenderness on the right side of the lumbosacral spine. There is paravertebral muscle spasm. There is significant pain and reproducible tenderness with standing extension and lateral side bending. There is referred pain in the lumbosacral spine and superior gluteal region consistent with lumbar facet arthropathy and reflexopathy. Standing flexion is also limited. A positive seated nerve root test is noted with radicular pain component all the way down to the toes and levels L5-S1. Diagnoses include lumbar discopathy with facet arthropathy. The plan of care included a urine specimen and possible surgical intervention. Magnetic resonance imaging (MRI) is read by the provider as revealing some disc herniations of L4-56 and L5-S1 albeit not too significant. A date for the MRI and official report is not provided. Per the provider, updated diagnostic studies are needed to assess any interval change. A request was made for an updated MRI of the lumbar spine on 7/11/2013 and 8/21/2013. Work Status is deferred at this time. On 8/28/2013, Utilization Review non-certified a prescription for an updated MRI of the lumbar spine based on lack of medical necessity. The CA MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (Magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. The provider has failed to provide documentation to support any of these criteria. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. There is no documentation of any attempt at a therapy program or medication treatment. Progress note states that the provider basically disagrees with the prior MRI report read by radiologist but the provider has failed to provide the date of the original MRI, the official MRI report or any supporting documentation as to why another repeat MRI is necessary. MRI of lumbar spine is not medically necessary.