

Case Number:	CM13-0051219		
Date Assigned:	09/12/2014	Date of Injury:	08/10/2012
Decision Date:	01/07/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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 42-year-old female with a date of injury of August 10, 2012. She was lifting and transferring patients when she developed low back pain which radiated to both lower extremities. She was treated initially with physical therapy and chiropractic care but failed to improve. On September 10, 2012 in MRI scan of the lumbar spine revealed disc bulges of 1 mm at L2-L3, L3-L4, and L4-L5 with facet hypertrophy at the same levels. There is a broader base disc bulge and L4-L5 with some bilateral lateral recess narrowing. The physical exam has revealed diminish lumbar range of motion with tenderness to palpation of the paraspinal musculature. Straight leg raise testing has been negative. There is diminished sensation on the right side in the region of the L5 dermatome. The lower extremity neurologic exam is otherwise intact. Electrodiagnostic studies of the lower extremities have been normal. The diagnoses include lumbosacral strain and radiculopathy with mild lumbar facet disease. The most recent treatment appears to have been with anti-inflammatories and an interferential unit. At issue is a request for a repeat MRI of the lumbar spine dated October 22, 2013. It should be noted that the most recent note from a treating provider was dated August 17, 2013. Facet joint injections and a diagnostic lumbar epidural steroid injection have been suggested and evidently denied by the insurance carrier. The injured worker was felt not to be a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, MRI

Decision rationale: There is support for MRI, depending on symptoms and signs, to rule out serious pathology such as tumor, infection, fracture, and cauda equina syndrome. Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery. Subsequent imaging should be based on new symptoms or changes in current symptoms. In this instance, the injured worker was felt not to be a surgical candidate. While her symptoms did not improve substantially there is no evidence to indicate that there had been any worsening subsequent to the 1st MRI study of September 10, 2012. Consequently, a repeat MRI scan of the lumbar spine is not medically necessary.