

Case Number:	CM14-0125607		
Date Assigned:	08/11/2014	Date of Injury:	05/31/2013
Decision Date:	01/22/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery, 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:

The injured worker is a 46-year-old male who reported an injury on 05/31/2013. The injury was reported to have occurred while the injured worker was moving a refrigerator. His diagnoses included spinal canal stenosis, spondylotic changes, L4-5 annular tear, L4-5 disc bulge, L5-S1 disc bulge, and L5-S1 annular tear, and lipoma versus hemangioma of the lumbar spine. Past treatments have included physical therapy, medications, and injections. An MRI of the lumbar spine, dated 06/11/2014, noted a posterior disc bulge with mild canal stenosis at L3-4; a posterior annular tear with accompanying disc bulge, moderate bilateral neural foraminal narrowing, moderate to severe canal stenosis, and bilateral nerve root compromise at L4-5; spondylosis at L4-S1; a posterior annular tear with accompanying disc bulge and moderate to severe bilateral neural foraminal narrowing, moderate canal stenosis, and bilateral nerve root compromise at L5-S1; and lipoma versus hemangioma within the L4 vertebral body measuring 1 cm, with no evidence of signal abnormality within the conus medullaris or cauda equina or within the exiting or traversing nerve roots,. The injured worker reported no prior spinal surgeries. The most recent progress note, dated 07/08/2014, noted the injured worker complained of lumbar spine pain, rated 7/10 with tingling. The previous physical exam provided, dated 05/23/2014, reported an antalgic gait, tenderness to palpation over the lower lumbar segment on the right paravertebral region, positive Kemp's test, positive straight leg raise test, and Deyerle's sign bilaterally, positive Lewin's punch test on the right side, and lumbar range of motion to 40 degrees of flexion, 20 degrees of extension, and 20 degrees of lateral flexion. The treatment plan on 07/08/2014 recommended to continue pain medications, including Norco 5/325 mg, and continue chiropractic treatment. Portions of the handwritten note were difficult to decipher. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of 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, Low Back, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging)

Decision rationale: The request for repeat MRI of lumbar spine is not medically necessary. The injured worker had an MRI performed 06/11/2014. The California MTUS/ACOEM Guidelines recommend MRI for the emergence of a red flag, the physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure, or to further evaluate the possibility of potentially serious pathology, such as a tumor. The Official Disability Guidelines further state repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a gap in the documentation provided from 07/2014 to the present. There is no evidence of a significant change in the injured worker's condition, or findings indicative of significant or progressive neurologic dysfunction. There is a lack of documentation of a condition which would require clarification with a repeat MRI. As such, the request is not medically necessary.