

Case Number:	CM14-0187770		
Date Assigned:	11/18/2014	Date of Injury:	07/21/2003
Decision Date:	01/06/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/11/2014

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 Emergency 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 50-year-old male who reported an injury on 07/21/2003. The mechanism of injury was not provided. His diagnosis was listed as unspecified backache. Past treatments included ice, rest, chiropractic therapy, nerve blocks, and medications. Diagnostic studies included an MRI performed in 2011 which was noted to reveal left sided posterolateral broad based disc protrusion at L4-5. His surgical history was noted to include a microdiscectomy which was later extended to a fusion of L5-S1 in 2006. On 11/20/2014, the injured worker complained of significant low back pain rated at a 3/10 with left lower extremity pain down to the knee, and chronic numbness of his groin. Physical examination revealed forward flexion of the lumbar spine at 35 degrees, evidence of previous surgical sites which were healed well without allodynia, hyperesthesia, and hyperpathia, tenderness to palpation over the paralumbar around right and left above the area fusion, positive straight leg raise on the left side to 30 degrees. Current medications were listed as Piroxicam and gabapentin. The treatment plan included a new MRI with dye enhancement for the lumbar spine, a flexion/extension study. A request was received for an MRI of the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for an MRI of Lumbar Spine is not medically necessary. California MTUS/ACOEM Guidelines state that an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for 1 month or more. The clinical notes indicate that the injured worker complained of significant low back pain, and left lower extremity pain down to the left knee. However, clinical notes also indicate that an MRI was completed in 2011, which was noted to review left sided posterolateral broad based disc protrusion at L4-5. In addition, there is no documented evidence of significant changes in symptoms or patient status to indicate the need for a repeat MRI. In the absence of documentation indicating the need for a repeat MRI of the lumbar spine, the request is not supported. Therefore, the request for MRI of Lumbar Spine is not medically necessary.