

Case Number:	CM14-0187811		
Date Assigned:	11/18/2014	Date of Injury:	11/11/2009
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
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 Family Medicine and is licensed to practice in New York and New Jersey. 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 53 year-old female who was injured on 11/11/09 when a door struck her in the face. She suffered from a right head, right eye, nose and left ear contusion and lumbar pain. She had a negative head CT. She was diagnosed with lumbar disc disease and lumbar stenosis, right tympanic membrane perforation, concussion, chronic vestibulopathy, and hearing loss. Most recently, she complained of ongoing headaches, neck pain, wrist pain, ongoing low back pain radiating to right lower extremity, and burning and weakness of the bilateral lower extremities. On exam, she had slightly decreased strength of the lower extremities. MRI showed lumbar disc herniation with foraminal stenosis and disc collapse. She had an anterior cervical decompression and fusion in 5/2012, tympanoplasty of the right ear and left carpal tunnel release in 9/2011. Treatment included lumbar epidural steroid injection, twelve sessions of physical therapy which helped her and medication (opioids, topical analgesics, and anti-inflammatories). The current request is for a repeat MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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: The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities with similar exam findings. There has been no change. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.