

Case Number:	CM14-0196475		
Date Assigned:	12/04/2014	Date of Injury:	11/18/2012
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine 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 35 year-old-man with a date of injury of November 18, 2012. He sustained an injury to his lower back as a result of lifting a 200-pound garbage can with another employee. As a result, he felt pain in his lower back and immediate radiation down his left leg. The current working diagnoses include displacement of lumbar intervertebral disc and lumbago. The IW has undergone physical therapy and epidural steroid injections, which he did not respond to. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 4, 2014 the IW complains of low back pain with left leg numbness and tingling. He had relatively minimal findings on his MRI dated December 31, 2012. Lumbar spine evaluation reveals tenderness from L4-S1 and over both SI joints. He flexes his spine with his fingers going just about to his knees causing back pain and extends about 30 degrees with back pain. Neurologically, his sensation, reflexes, and motor are grossly intact in both lower extremities. Straight leg raise is negative, but causes low back pain. The treating physician is recommending a repeat MRI of the lumbar spine in order to decide how to proceed with future medical care.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine is not medically necessary. The guidelines enumerate the indications for magnetic resonance imaging of the lumbar spine. They include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with radiculopathy, after at least one month conservative therapy, sooner if severe or progressive neurologic deficit, etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the date of injury was November 18, 2012. The injured worker underwent an MRI in 2012 which not show any significant findings. The injured worker has had ongoing complaints referable to lower back and left leg. He underwent physical therapy with epidural steroid injections. He continues to have ongoing pain complaints. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation does not reflect a significant change in symptoms and signs. There are no new neurologic findings present. Consequently, MRI lumbar spine (repeat) is not medically necessary.