

Case Number:	CM14-0204896		
Date Assigned:	12/18/2014	Date of Injury:	03/02/2011
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 New York. 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 patient is a 62 year old male porter with a date of injury of 02/25/2011. He had low back pain. He had back pain from continuous trauma. On 05/25/2012 he had a lumbar MRI that revealed L4-L5 5 mm disc bulge and L5-S1 disc degeneration. Prior to the MRI he had a normal lower extremity EMG/NCS. On 07/04/2012 he had decreased lumbar range of motion. Lower extremity strength was normal. He had a right L5 radiculopathy that had improved after an epidural steroid injection. In 08/2013 and 06/2014 he had epidural steroid injections. On 09/15/2014 he had 4/10 to 7/10 low back and right shoulder pain. There was bilateral extensor hallucis longus weakness. Gait was antalgic. There was tenderness of the lumbar paraspinal area. On 10/15/2014 he had 4/10 to 7/10 low back pain that radiated to both lower extremities. There was tenderness in the lumbar paraspinal area. He had bilateral weakness of the extensor hallucis longus.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014, Low Back-MRI Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Back, MRI.

Decision rationale: MTUS, ACOEM Chapter 12 Low Back Complaints addresses the need for an initial MRI but not as in this case, the request for a repeat MRI. ODG 2014 notes that a repeat lumbar MRI may be indicated if there is progression of a neurologic deficit. The basic idea being that a repeat MRI would be indicated if there is new neurologic findings and the patient is a candidate for surgery. The injured worker is stable. There were no new neurologic findings. There is no documentation that he is a candidate for imminent surgery. The requested lumbar MRI is not medically necessary at this time.