

Case Number:	CM15-0102828		
Date Assigned:	06/05/2015	Date of Injury:	03/08/2013
Decision Date:	07/09/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on 3/08/2013. Diagnoses include sprain/strain of sacroiliac region, left sciatica and lumbar herniated intervertebral disc. Treatment to date has included medications including Acetaminophen and Flector patches, physical therapy, chiropractic care, modified work and acupuncture. Magnetic resonance imaging (MRI) performed on 9/25/2013 revealed moderate bilateral facet hypertrophy at L4-5 and hypertrophy of the ligamentum flavum. There was a 3mm broad based disc bulge and a small focal annular tear within the right foraminal region. There is narrowing of the sub articular recess bilaterally and minimal narrowing of the left neural foramen. At L5-S1, there is a 2mm broad based disc bulge with mild bilateral facet hypertrophy and hypertrophy of the ligamentum flavum. NCV (nerve conduction studies) performed on 6/24/2014 was read as a normal study and showed no evidence of bilateral lumbosacral neuropathy. Per the Primary Treating Physician's Progress Report dated 4/23/2015, the injured worker reported lower back pain with radiation to buttock, posterior thigh, and pain is worse in that it is spreading to the up the thoraco-lumbar area. Physical examination revealed diffuse tenderness of the lumbar paraspinals and left quadratus lumborum muscles. There was restricted range of motion in flexion, extension and right and left rotation. Physical findings are described as unchanged. The plan of care included diagnostic imaging and authorization was requested for a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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 & Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 3/08/2013. The medical records provided indicate the diagnosis of sprain/strain of sacroiliac region, left sciatica and lumbar herniated intervertebral disc. Treatment to date has included medications including Acetaminophen and Flector patches, physical therapy, chiropractic care, modified work and acupuncture. The medical records provided for review do not indicate a medical necessity for MRI lumbar spine without dye. The medical records do not indicate the injured worker has had progressive neurological problems since the prior Lumbar MRI in 09/2013. The MTUS is silent on repeat MRI, but recommends against over reliance on imaging studies. However, the MTUS recommends MRI IF there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination in-patient whose condition has not improved after a conservative treatment an option. The Official Disability Guidelines does not recommend repeat lumbar MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).