MAXIMUS Federal Services

Case Number:	CM15-0192268		
Date Assigned:	10/06/2015	Date of Injury:	10/31/2011
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27 year old female, who sustained an industrial injury on 10-31-11. The injured worker is being treated for lumbar spine degenerative disc disease and chronic, moderate to severe low back pain. (MRI) magnetic resonance imaging of lumbar spine performed on 9-10-14 revealed L5-S1 developmentally thin lumbosacral disc interspace without a posterior protrusion or broad-based disc bulge; L4-5 combination of let facet arthrosis and ligamentum flavum hypertrophy plus a central to left lateral disc bulge with moderate lateral recess stenosis and mild central and paracentral disc protrusion with an associated annular tear; this focally effaces the thecal sac in the midline but no lateral extent at the exit point of the L4 roots and tiny disc osteophyte complexes peripherally not resulting in significant foraminal stenosis. Treatment to date has included epidural steroid injection, facet injections, activity modifications, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy and oral medications including Tramadol, Norco, Oxycontin, Motrin, Naproxen and Flexeril. Currently, the injured worker complains of frequent to constant, moderate low back pain with intermittent radiation down to the right buttock and right posterolateral thigh. Disability status is noted to be permanent and stationary. Physical exam performed on 9-11-15 revealed intact gait with reduced lumbar range of motion and intact sensation of lumbar area. The treatment plan included a request for lumbar spine (MRI) magnetic resonance imaging. On 9-18-15 request for authorization was submitted for lumbar spine (MRI) magnetic resonance imaging. On 9-25-15 request for (MRI) magnetic resonance imaging of lumbar spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The claimant sustained a work injury in October 2011 when she had sudden, sharp low back pain while squatting as she was retrieving ice. She is being treated for lumbar spine degenerative disc disease and chronic, moderate to severe low back pain. In September 2014 an MRI of the lumbar spine included findings of left L4/5 lateralized disc bulging and facet arthropathy. When seen, she was having frequent to constant low back pain, more towards the right of midline, with intermittent radiating symptoms to the right buttock and posterior thigh. Physical examination findings included decreased lumbar range of motion with pain on flexion and extension. There was a normal neurological examination with negative straight leg raising. The same symptoms were present in April 2015 and authorization for a repeat facet injection, which had been of great benefit previously, was requested. Guidelines indicate that a repeat MRI of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. There is a normal neurological examination and the claimant had the same symptoms in April 2015 which were consistent with facet arthropathy. A repeat lumbar spine MRI is not medically necessary.