

Case Number:	CM15-0020368		
Date Assigned:	02/09/2015	Date of Injury:	12/15/2008
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 53-year-old female who reported an injury on 12/15/2008. The mechanism of injury was not provided. The medications included Soma 350 mg 1 tablet 3 times a day and Norco 10/325 mg 1 every 4 to 6 hours. The injured worker was noted to undergo a urine drug screen. The injured worker was noted to be recommended for a lumbar epidural steroid injection; diagnostic studies would have been necessary for the epidural steroid injection. The documentation of 01/13/2015 revealed the injured worker had not been able to obtain the lumbar epidural steroid injection. The injured worker complained of worsening pain. The pain was in the low back, right greater than left, with radiation into the left leg and left foot. The injured worker had associated numbness of the left foot. The physical examination revealed the injured worker had strength of 4/5 in the left quadriceps, tibialis anterior, EHL, peroneal, and posterior tibial. The right strength was 4+/5 in the posterior tibial and EHL. The nerve root test was negative. Range of motion was within normal limits. Sensory testing was noted to be intact. The diagnoses included lumbar radiculitis, intervertebral disc with myelopathy (lumbar), and spinal stenosis (lumbar) without neurogenic claudication. The treatment plan included an updated MRI of the lumbar spine as the injured worker's symptoms had worsened. The documentation indicated the injured worker had a lumbar discectomy at L4-5.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI. The official results were not provided. The documentation indicated the injured worker had worsening symptoms. However, no prior examinations were submitted for review to support the physician documentation. Additionally, there was a lack of documentation of findings of a significant pathology to support a necessity for a repeat MRI. Given the above, and the lack of documentation, the request for an MRI of the lumbar spine without contrast is not medically necessary.