

Case Number:	CM15-0058240		
Date Assigned:	04/03/2015	Date of Injury:	10/30/2011
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/26/2015

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

Certification(s)/Specialty: Emergency 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 31 year old female, who sustained a work/ industrial injury on 10/30/11. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having left sacroiliitis, failed back syndrome, left L5 radiculopathy, and myofascial pain syndrome. Treatments to date included medication, chiropractic care, physical therapy, epidural steroid injection, and orthopedic consult. Magnetic Resonance Imaging (MRI) was performed on 2/11/13 and 12/26/13. X-rays were performed on 3/27/13. Currently, the injured worker complains of constant low back pain radiating into the left leg accompanied by numbness and tingling. The treating physician's report (PR-2) from 2/15/15 indicated the injured worker got fair pain relief with medication. Symptoms reported included nausea, vomiting, occasional stress incontinence, and radiating low back pain. Exam noted slight leg length discrepancy. There is tenderness at the sacroiliac joints bilaterally. Sensation is still decreased on the L5-S1 dermatomes on the left lower extremity. Treatment plan included a repeat MRI of the LS spine with/without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the LS spine with/without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested repeat MRI of the LS spine with/without contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has radiating low back pain. The treating physician has documented slight leg length discrepancy. There is tenderness at the sacroiliac joints bilaterally. Sensation is still decreased on the L5-S1 dermatomes on the left lower extremity. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, repeat MRI of the LS spine with/without contrast is not medically necessary.