

Case Number:	CM15-0238700		
Date Assigned:	12/16/2015	Date of Injury:	05/26/2014
Decision Date:	01/21/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/07/2015

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 52 year old female, who sustained an industrial injury on 05-26-2014. A review of the medical records indicates that the worker is undergoing treatment for left shoulder impingement and labral tear and herniated nucleus pulposus from L5-S1. X-rays of the lumbar spine dated 09-03-2014 showed disc space narrowing at L5-S1 with over 6 mm motion. MRI of the lumbar spine dated 09-27-2014 showed 3-4 mm broad-based posterior L5-S1 annular disc bulge with minimal displacement of the descending right S1 nerve in the lateral recess. Treatment has included pain medication, Toradol injection and physical therapy. Subjective complaints (10-19-2015 and 11-16-2015) included worsening back pain radiating to the knee and left shoulder. Medications were noted to help with pain but had all been denied. Objective findings (10-19-2015 and 11-16-2015) revealed cervical and lumbar tenderness, muscle spasms of the paraspinal musculature, decreased range of motion of the lumbar spine, diffusely decreased sensation in the left upper and lower extremity and positive left straight leg raise. The physician noted that a repeat MRI was being requested for the lumbar spine due to progressive pain. There was no documentation of red flags noted by the physician such as concern for tumor, fracture or infection. A utilization review dated 11-24-2015 non-certified a request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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 May 2014 when she fell in a bathroom injuring the left side of her body including the neck, low back, and left elbow and shoulder. An MRI of the lumbar spine in August 2014 showed findings of bilateral L4/5 facet degeneration and right lateralized L5/S1 disc bulging. The scan was similar to a prior MRI in December 2012. When seen in June 2015 medications were decreasing pain from 9/10 to 5/10. Physical examination findings included diffusely decreased left upper and lower extremity sensation. Left straight leg raising was positive. There was cervical and lumbar tenderness with paraspinal muscle spasms. There was decreased lumbar range of motion. In October 2015, she had worsening pain. Medications were now decreasing pain to 8/10. She was having ongoing radiating low back pain. Physical examination findings were unchanged. Authorization is being requested for a repeat MRI scan of the lumbar spine. 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the claimant has already had at least two lumbar MRI scans without reported significant interval change. Physical examination findings are unchanged since June 2015. The requested MRI is not medically necessary.