

Case Number:	CM14-0112345		
Date Assigned:	08/01/2014	Date of Injury:	03/30/2010
Decision Date:	09/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 03/30/2010. The injured worker's date of birth and mechanism of injury were not provided in the clinical documentation. The diagnoses were noted as lumbar strain and degenerative disc L5-S1 with central disc protrusion and annular tear. His past treatments included medication and epidural injections. He had an MRI of the lumbar spine performed on 02/18/2011 which was noted to reveal a degenerative disc at L5-S1 with a central disc protrusion and annular tear, and a urine toxicology screening on 06/04/2014 with negative results. No relevant surgeries were noted. On 06/04/2014, the injured worker complained of continued severe pain of the low back that radiated to the left of the midline, the left posterior thigh, and at times radiated to the left ankle. He reported the prior epidural injections made his symptoms worse and he had no relief. Upon physical examination, his motor and sensory function was noted to be intact. There was a positive straight leg raise on the left side. His lumbar range of motion was noted to be moderately restricted with pain in all planes. The medications were noted as Norco and Soma. The treatment plan was to pursue authorization for an MRI of the lumbar spine, to continue current medications, and neurodiagnostic studies of the left lower extremity in order to rule out any other potential source of the injured worker's persistent symptoms. The request for authorization was not present in the medical record.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 8th edition, 2013.

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, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker did report severe low back pain with radiation to the left thigh and midline and he had a positive straight leg raise to the left. A previous MRI was noted to reveal a degenerative disc at L5-S1 with a central disc protrusion and annular tear. However, the MRI report was not provided to verify these findings. Additionally, the clinical documentation did not provide sufficient objective evidence of significant neurological deficits, such as decreased motor or sensation in a specific distribution, or findings representing a significant change in clinical presentation since the time of his previous MRI. In the absence of a significant change in symptoms and/or findings suggestive of significant pathology, the request is not supported. Therefore, the request is not medically necessary.