

Case Number:	CM14-0115643		
Date Assigned:	08/04/2014	Date of Injury:	04/07/2002
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 51 year old female who sustained an injury to her low back on 04/07/02 while lifting heavy furniture. MRI of the lumbar spine dated 05/10/02 revealed central disc protrusion at L4-5 and L5-S1; borderline central stenosis at L4-5. It was reported that the injured worker underwent MRI of the lumbar spine on 05/20/14; however, this imaging study was not provided for review. The injured worker was not working. Progress report dated 06/17/14 noted that the injured worker complained of low back pain radiating down the bilateral lower extremities 6-8/10 VAS with associated weakness, numbness, and tingling of the left lower extremity. Physical examination of the lumbar spine noted restricted range of motion; hypertonicity, spasm, and tenderness; lumbar facet loading positive left; sensation decreased over lateral calf and L5 lower extremities dermatomes on the left; straight leg raise positive. The injured worker was recommended for repeat 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:

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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 request for lumbar MRI is not medically necessary. Previous request was denied on the basis that the injured worker had MRI on 05/20/14 and there has been no change in her condition since then, thus repeat MRI is not deemed medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for lumbar MRI is not indicated as medically necessary.