

Case Number:	CM14-0120026		
Date Assigned:	09/24/2014	Date of Injury:	06/30/1996
Decision Date:	10/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency 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 46 year-old female, who sustained an injury on June 30, 1996. The mechanism of injury occurred from a slip and fall. Diagnostics have included: May 7, 2012 lumbar MRI reported as showing multi-level disc bulges, L5/S1 spondylolisthesis. Treatments have included: medications, lumbar medial branch block, spinal cord stimulator, TENS, physical therapy. The current diagnoses are lumbago, lumbosacral neuritis/radiculitis, lumbar degenerative disc disease, and peripheral neuropathy. The stated purpose of the request for MRI Lumbar Spine without dye was for approved spine surgeon evaluation. The request for MRI Lumbar Spine without dye was denied on July 24, 2014, citing a lack of documentation of medical necessity. Per the report dated July 14, 2014, the treating physician noted complaints of low back pain with numbness to the left lower extremity. Exam findings included lumbar range of motion restriction with tenderness, left upper and lower extremity swelling, lumbar facet tenderness, and left leg 4/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

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

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

Decision rationale: The requested MRI of the Lumbar Spine without dye is not medically necessary. The California 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 cervical 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 low back pain with numbness to the left lower extremity. The treating physician has documented lumbar range of motion restriction with tenderness, left upper and lower extremity swelling, lumbar facet tenderness, left leg 4/5 strength. The treating physician has not documented criteria for exam evidence of radiculopathy such as a positive straight leg raising test or deficits in dermatomal sensation or reflexes, nor an acute clinical change since the 2012 lumbar spine MRI. The criteria noted above not having been met, MRI Lumbar Spine without dye is not medically necessary.