

Case Number:	CM14-0122004		
Date Assigned:	09/25/2014	Date of Injury:	08/11/2000
Decision Date:	10/27/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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 55 year-old female, who sustained an injury on August 11, 2000. The mechanism of injury is not noted. Diagnostics have included: 2013 lumbar MRI reported as showing L2-3 disc herniation with left nerve root entrapment, L5-S1 disc herniation, spondylolithesis at L2-3/L4-5/L5-S1. Treatments have included: medications, physical therapy. The current diagnoses are: lumbosacral strain/sprain, lumbar disc disease, and left leg neuropathic pain. The stated purpose of the request for MRI of the lumbar spine was because the injured worker was insisting on a repeat lumbar MRI. The request for MRI of the lumbar spine was denied on July 9, 2014 citing a lack of documentation of positive neurologic exam findings. Per the report dated June 24, 2014, the treating physician noted reduced pain from medications but persistent lower back pain with radiation to the buttock and posterior thigh. Exam findings included restricted lumbar range of motion, positive left-sided straight leg raising test.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low back

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, 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 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 persistent lower back pain with radiation to the buttock and posterior thigh. The treating physician has documented restricted lumbar range of motion, positive left-sided straight leg raising test. However, the treating physician has not documented neurologic exam findings indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength, nor acute clinical change since the date of the previous lumbar MRI. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.