

Case Number:	CM14-0125034		
Date Assigned:	08/08/2014	Date of Injury:	07/01/2005
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/06/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 58 year old female who sustained an injury to her low back on 07/01/05 due to cumulative trauma while performing her usual and customary duties as a secretary; she sustained a repetitive stress injury. Treatment to date has included NSAIDs, muscle relaxers, topical creams, physical therapy, modified duty, lumbar supports, TENS unit, injections, and opioid medications. MRI of the lumbar spine dated 07/05/11 revealed degenerative disc disease with facet joint arthropathy at multiple levels. EMG/NCV of the bilateral lower extremities dated 10/05/11 was unremarkable. The clinical note dated 07/21/14 reported that the injured worker continued to complain of worsening chronic low back pain with occasional pain shooting down the bilateral lower extremities. Physical examination noted ambulation with a walker; spasm/tenderness over the lumbar paraspinal musculature with tenderness of the facet joints; facet loading causes low back pain; straight leg raise provocative for low back pain and shooting pain down the bilateral lower extremities; sensation diminished in an L5 distribution. The injured worker was diagnosed with lumbar spondylosis/radiculopathy and recommended an MRI of the lumbar spine to rule out disc protrusion.

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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back

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 previous request was denied on the basis that in review of the documentation provided, the objective findings have been inconsistent. There have been no radicular findings in the last 6 months, until the most recent report dated 07/21/14. In that report, the findings are equivocal. There is an objective finding of a sensory deficit in the L5 distribution, but straight leg raise is equivocal, as the degree at which pain is elicited and the type of pain elicited are not mentioned. As per the guidelines, it was prudent to initiate at least 1 month of conservative therapy at this time before proceeding with an MRI. There was no indication that plain radiographs have been obtained prior to the request for more advanced MRI. There was no report of a new acute injury or exacerbation since the previous study. There was no mention that a surgical intervention was anticipated. There were no additional red flags identified that would warrant a repeat study. Given this, the request for a lumbar MRI is not indicated as medically necessary.