

Case Number:	CM14-0128185		
Date Assigned:	08/15/2014	Date of Injury:	09/24/2011
Decision Date:	10/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old female with a reported date of injury on 09/24/2011. The mechanism of injury was not listed in the records. The diagnoses included cervical sprain, cervical radiculitis, left shoulder sprain, lumbar sprain, and myofascial pain. The past treatments included pain medication and physical therapy. There were no diagnostic imaging studies submitted for review. There was no relevant surgical history documented within the records. The subjective complaints on 07/07/2014 included back pain that radiates down to the hip. The physical examination to the lumbar spine revealed tenderness to palpation on L4-5, mostly on the left side. The straight leg raise was positive on the right and on the left side. The sensory exam noted the sensation is intact to light touch and pinprick to all dermatomes and bilateral lower extremities. The deep tendon reflex examination is unremarkable bilaterally. The range of motion was noted to be within functional limits. The medications included naproxen. The treatment plan was to order an MRI, start naproxen, and start a weight reduction diet. A request was received for MRI of the lumbar spine. The rationale for the request was the injured worker had significant findings on a previous MRI and would like to get an MRI of the lumbar spine. There was no Request For Authorization form provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging); Indications for imaging - Magnetic resonance imaging

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 lumbar spine is not medically necessary. The Official Disability Guidelines state that repeat MRIs are not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology, i.e., tumor, infection, fracture, neurocompression, recurrent disc herniation. The patient has chronic pain. There was a lack of red flags in the physical exam or significant findings of pathology to warrant a repeat MRI. In the absence of red flags, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.