MAXIMUS Federal Services

Case Number:	CM14-0131154		
Date Assigned:	08/20/2014	Date of Injury:	05/10/2008
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine, and is licensed to practice in New York and New Jersey. 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 who injured her lower back on 5/10/08 at her place of employment. The patient was attempting to move a table with another person. She had one side of the table lifted and the helper pushed the other way instead of lifting their end causing the patient to twist her whole body, resulting in lower back pain radiating to her right leg. The patient had multiple x-rays without documented results and an MRI showing lumbar disc bulges. She was diagnosed with lumbar strain, degenerative disc disease and spondylolisthesis from L4-S1. A 2012 follow-up showed that the patient with continued pain in lower back radiating to legs with numbness. On exam, she had decreased range of motion, positive leg lift tests, decreased strength and decreased sensation at L4 and L5 nerve root distribution. A 7/2013 lumbar MRI showed the same bulging disc at L4-L5 and L5-S1 with compression of nerve root of both consistent with the pain she was having. The patient was treated with medications such as Norco, Valium, Soma, Flexeril, Baclofen, Naproxen, Gabapentin, Reston, and Zolpidem. Patient was seen for chiropractic care and physical therapy where she used a TENS unit. It was suggested that the patient have an anterior fusion of the lumbar spine which the patient declined. She struggled with illicit drug use and was removed from multiple practices due to positive urine drug test. There was difficulty in getting epidural steroid injections and acupuncture approved. Patient continued with pain and worsening depression. It was decided that the next step would be to refer back to neurosurgery since she had been a surgical candidate before. The current request is for another lumbar MRI because the neurosurgeons require an MRI within the past six months.

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, low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back

Decision rationale: There were no changes in exam findings, or progression in symptoms that would warrant another MRI for this patient. Indications for imaging include suspicion of cancer, infection, red flags, prior surgery, cauda equina syndrome, and severe or progressive neurologic deficit, which the patient does not have. As such, the request is not medically necessary.