

Case Number:	CM14-0147671		
Date Assigned:	09/15/2014	Date of Injury:	10/16/2012
Decision Date:	11/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

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 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:

This injured worker's date of injury is 10/16/2012. This patient receives medical treatment for chronic low back pain. The initial injury occurred while performing maintenance repair work on vehicles. The patient reported the sudden onset of low back pain with radiation down the left leg. The patient had an MRI of the lumbar region and received physical therapy and lumbar x-rays show multilevel disc degeneration. The patient received ESIs. On physical exam the treating physician states that there is a positive SLR, sensation deficits, and tenderness at the sciatic notch. Medications taken include: Ibuprofen, Methocarbamol, and Oxycodone with Acetaminophen.

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 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR MRI guidelines

Decision rationale: This patient has had multiple MRI examinations, one several years before 2012 which showed left sided disc herniation. ESIs were given. Patient had a lumbar MRI on

11/29/2012 which showed degenerative disc and joint disease. On 05/07/2013 the patient had a lumbar MRI which showed multilevel spondylosis. ESIs were given. The treatment guidelines that would permit new MRI imaging in this case would require clear cut evidence of new neurological deficits of a dermatomal distribution or the presence of new clinical red flags, such as, caudal equine syndrome. The medical documentation does not support this as the back and lower limb symptoms have been chronic. Another lumbar MRI is not medically necessary.