

Case Number:	CM14-0151530		
Date Assigned:	09/19/2014	Date of Injury:	04/19/2010
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational 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 51 years old female with a date of injury on 4/19/2010. The worker had sustained a low back injury and had chronic back pain with right lower extremity radiculopathy. The injured worker was evaluated with a lumbar magnetic resonance imaging from 8/13. It showed multiple level degenerative changes, facet arthritis, and moderate neural foraminal narrowing. Apparently, the 2013 film was a follow up study to an earlier magnetic resonance imaging scan. The physician saw the injured worker after the film and noted that the worker's strength was good and that she was walking well. He suggested an epidural injection or surgery, but epidural injection was not approved. The injured worker was seen on 8/27/14, at which point the doctor noted that the worker had not been seen for a year or so. The injured worker had occasional right sided radicular pain with low back pain. It was present regularly but severe pain was intermittent and only occurred every few weeks or so. The treating physician recommended surgery and recommended an updated lumbar magnetic resonance imaging prior to surgery. The exam noted that the injured worker's motor strength was 5/5, with equivocal straight leg raising test. The injured worker was able to walk on her heels.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Magnetic resonance imaging (MRIs)

Decision rationale: The injured worker's examination between the examinations from 8/13 and then from 8/14 have not appreciably changed. She remains without significant focal deficits, and essentially, a normal neurological exam, both from 2013 and from 2014. The Official Disability Guidelines notes that a repeat magnetic resonance imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation) which is not the case for this worker. Therefore, the request for repeat lumbar magnetic resonance imaging is not medically necessary.