

Case Number:	CM14-0159922		
Date Assigned:	10/03/2014	Date of Injury:	01/28/2000
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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, and is licensed to practice in Texas & Ohio. 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-year-old female who reported an injury on 01/28/2000. The mechanism of injury was not provided. Diagnoses included lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine radiculopathy, and right lower extremity paresthesias. Past treatments included physical therapy, epidural steroid injection, and medications. Diagnostic studies were not provided. Surgical history included radiofrequency ablation of the lumbar spine on 04/14/2011. The physical examination dated 08/22/2014 indicated the injured worker complained of constant low back pain, rated 4/10, with stabbing pressure radiating to the left hip. The injured worker also reported constant numbness in the right lower extremity. The physical examination revealed tenderness to the lumbar paraspinal muscles, positive right sciatic nerve stretch test, positive straight leg raise, muscle strength within normal limits, and intact sensation to the bilateral lower extremities. Current medications included Lyrica 100 mg, ibuprofen 800 mg, Lidoderm patch 5%, and tizanidine 4 mg. The treatment plan included an MRI of the lumbar spine without contrast. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

Decision rationale: The request for an MRI of the lumbar spine without contrast is not medically necessary. The California MTUS/ACOEM Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define the potential cause. The Official Disability Guidelines go on to state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical note dated 08/22/2014 indicated the injured worker complained of low back pain radiating into the left hip, with numbness in the right lower extremity. The patient noted muscle strength within normal limits, intact sensation, and positive straight leg raise bilaterally. The injured worker's previous lumbar MRI was not made available for review. There is a lack of clinical documentation to indicate the injured worker had physical examination findings that were indicative of a significant change in symptoms, or suggestive of significant pathology. Therefore, the treatment plan cannot be supported at this time, and the request for an MRI of the lumbar spine without contrast is not medically necessary.