

Case Number:	CM14-0093951		
Date Assigned:	07/25/2014	Date of Injury:	02/19/2013
Decision Date:	10/14/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain 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 43 year old male who had a work related injury on 02/19/13. His injury occurred when he slipped and fell striking the buttock on his heel, but the patient was able to keep from falling completely to the ground. The injured worker underwent physical therapy which did not help; he had caudal epidural steroid injection. Most recent clinical documentation submitted for review was dated 08/18/14. The injured worker was in for spine and leg pain. He was awaiting surgery. He had severe back pain and leg pain. Physical examination revealed sciatica right greater than left. Painful range of motion. Diagnosis L5-S1 disc herniation. MRI of lumbar spine dated 06/10/14 multilevel degenerative changes with facet ligamentum flavum hypertrophy, with variable size disc bulges. Most notably disc bulge at L5-S1 which may have been an acute annular tear associated with aspect on the right exiting L5 nerve root. Bilateral neural foraminal stenosis right greater than left. Prior utilization review on 06/12/14 was denied. Current request was for MRI of the lumbar spine.

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: 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, MRI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The injured worker underwent MRI of the lumbar spine on 06/10/14, additional or updated MRI in this short period of time is not medically necessary, when there is no documentation of progressive neurological deficit or changes in physical examination.