

Case Number:	CM14-0094089		
Date Assigned:	07/25/2014	Date of Injury:	12/05/2008
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and 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 48-year-old male who reported an injury on 12/05/2008. The mechanism of injury was not provided. Relevant diagnoses include lumbar radiculopathy, anxiety disorder, and chronic pain disorder. Past treatments, diagnostics, and surgical history are not provided. Clinical notes dated 05/06/2014 indicate the patient had complaints of severe pain and inability to function. Physical exam findings indicated positive straight-leg raise bilaterally, reduced sensation in bilateral L5 dermatomal distribution, restricted range of motion, absent Achilles tendon reflex bilaterally, and tenderness and spasms to paravertebral muscles. Current medications included Hydrocodone 10/325 mg two tabs twice a day as needed, Ketoprofen 75 mg daily, Omeprazole DR 20 mg daily, Lidoderm 5% patch, Amrix ER 15 mg daily, Oxycodone 10 mg three times a day, and Oxycontin 40 mg twice a day. The request for treatment is a repeat lumbar MRI. The request for authorization form was provided on 05/06/2014. A clear rationale for the repeat MRI was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back--MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The injured worker had a history of significant lower back pain, not quantified. On 07/08/2014 physical exam findings indicated positive straight leg raise bilaterally, absent Achilles reflex bilaterally, and decreased sensation bilaterally over the L5 dermatomal distribution. The California MTUS/ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The guidelines also state 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 a potential cause (MRI for neural or other soft tissue). Evidence of past treatments, diagnostics, and surgical history were not provided in these documents. The request for treatment is a repeat lumbar MRI; however there is no documentation of a previous MRI or the rationale for a repeat exam. Therefore the request for repeat lumbar MRI is not medically necessary and appropriate.