

Case Number:	CM14-0098319		
Date Assigned:	07/28/2014	Date of Injury:	04/15/2008
Decision Date:	09/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

The injured worker is a 55-year-old male who reported an injury on 04/15/2008. The mechanism of injury was not provided. Interventions included physical therapy, medications, and surgical interventions. The injured worker underwent an MRI of the lumbar spine on 03/06/2012 with an unofficial result revealing level L5-S1 disc protrusion measuring 3.4 mm in the neutral position that abutted the thecal sac with a posterior annular tear and fissure. There was pseudo retrolisthesis of L5-S1. The documentation of 05/02/2014 revealed the injured worker was status post cervical spine revision on 02/19/2014. The injured worker had complaints of persistent and increasing pain and stiffness to the lumbar spine radiating down both legs with numbness and tingling to the bilateral lower extremities. The physical examination of the lumbar spine revealed the injured worker had tenderness to palpation over the paraspinal musculature with spasms present. The injured worker had decreased sensation in the L4, L5, and S1 dermatomal distributions. The gastrocnemius muscle strengths were 4+/5 bilaterally. The diagnosis included disc herniation at L4 to S1 per MRI scan. The treatment plan included an updated MRI of the lumbar spine, as the last 1 was 2 years prior. There was no Request for Authorization submitted to support the request.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the request was made as the prior testing was in 2012. There was a lack of documentation of objective or symptomatic findings to support the necessity for a repeat MRI. Given the above, the request for MRI of the lumbar spine is not medically necessary.