

Case Number:	CM13-0062574		
Date Assigned:	02/24/2014	Date of Injury:	03/12/2009
Decision Date:	09/02/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 (IW) is a 44 year old female who sustained an industrial injury on 03/12/2009. She reported injury from lifting a pallet situated in a stack approximately 2 feet above the floor. The injured worker was diagnosed as having: Lumbar strain, Facet syndrome, Lumbar disc herniation, Lumbosacral radiculopathy, Chronic pain. Treatment to date has included a selective epidural block left L5, medications, a transcutaneous electrical nerve stimulation (TENS) unit, and MRI of the lumbar spine dated 04/24/2012 that showed annular tears at L3-L4, L4-L5, and L5-S1 with subligamentous protrusion of disc material without evidence of extensive herniated disk fragments. Currently, the injured worker complains of persistent low back pain she describes as sharp and shooting and rates it as a 7 on a scale of 0-10 severity radiating into the left lower extremity. Her pain is worse with prolonged standing and walking. Spasms are noted in the lumbar paraspinal muscles and stiffness is noted in the lumbar spine. Her gait is stiff and antalgic on the left. Current medications of gabapentin, hydrocodone, and naproxen are helping for pain. A request for authorization was made for: MRI Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.