

Case Number:	CM14-0195980		
Date Assigned:	12/03/2014	Date of Injury:	09/08/2011
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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 sustained a work related injury on September 8, 2011, as a daycare worker. The injury occurred to her back while picking-up a child. The injured worker was noted to have undergone a lumbar laminectomy in 2013. The surgical report was not included in the documentation provided. An electromyography and nerve conduction study done on July 21, 2014, was noted to be a normal study of the bilateral lower extremities. The Primary Treating Physician's report dated October 23, 2014, noted the injured worker with worsening constant sharp low back, radiating into the lower extremities. A physical examination was noted to show palpable paravertebral muscle tenderness with spasm, with a seated nerve root test positive. The diagnosis was noted to be lumbar disc disorder status post lumbar surgery. The injured worker's conservative treatments were noted to have included oral, subcutaneous, and topical medications, lumbar steroid epidural injection on July 10, 2014, and physical therapy. The Physician requested authorization for a MRI of the lumbar spine. On November 18, 2014, Utilization Review evaluated the request for a MRI of the lumbar spine, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Low Back Complaints, MTUS Guidelines Special Studies and Diagnostic and Treatment Considerations, and the Official Disability Guidelines (ODG) Low Back updated October 28, 2014. The UR Physician noted the request did not meet medical necessity due to the lack of information, including if the MRI was intended for possible surgery, therefore the request for the MRI for the lumbar spine was non-certified. The decision was subsequently appealed to Independent Medical Review.

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 (ODG), Low Back, MRIs

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

Decision rationale: The MTUS states 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. The request for an MRI of the lumbar spine is not medically necessary.