MAXIMUS Federal Services

Case Number:	CM14-0216169		
Date Assigned:	01/06/2015	Date of Injury:	04/10/2011
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female who suffered an industrial related injury on 4/10/11. A physician's report dated 12/31/13 noted the injured worker had complaints of low back pain that radiated to the left leg. The injured worker was taking Naproxen. A MRI done on 11/27/13 was noted to have shown disc degeneration at L3-L4 without protrusion. L4-L5 disc desiccation, tiny disc protrusion, and mild left foraminal narrowing were noted. L5-S1 tiny central disc protrusion without stenosis and facet capsulitis at L4-L5 and L5-S1 was noted. The diagnosis was noted to be spinal/lumbar degenerative disc disease. A physician's report dated 12/15/14 noted the injured worker was taking Nucynta, Gabapentin, Protonix, and Naproxen. Bilateral lower extremity electromyogram/nerve condition velocity studies were normal. Diagnoses included lumbar disc displacement without myelopathy, disorders of the sacrum, and sciatica. Physical examination findings included normal gait, no edema, no muscle atrophy, and normal strength. A straight leg raise test was negative. Spasm and guarding was noted in the lumbar spine. On 11/26/14 the utilization review (UR) denied the request for a MRI of the lumbar spine. The UR physician noted the Official Disability Guidelines state a MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. While the injured worker had persistent pain symptoms there was limited evidence of current examination findings to include neurological deficits to support the need for a repeat lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for MRI of the lumbar spine. The patient has had MRIs of the lumbar spine on 01/03/12, 11/27/13 and 11/07/14. Regarding repeat MRI study, ODG states is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the treater requested a repeat MRI because the patients left leg pain is worse. However, there are no neurologic deterioration such as progressive weakness; no red flags such as bowel bladder symptoms, suspicion for tumor, infection, fracture; no significant change in examination; no new injury to warrant an updated MRI. The current request is not medically necessary.