

Case Number:	CM14-0216174		
Date Assigned:	01/06/2015	Date of Injury:	04/18/2012
Decision Date:	03/12/2015	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:

The injured worker is a 57-year-old male who reported an injury on 04/18/2012, the mechanism of injury was not provided. On 10/21/2014, the injured worker presented with complaints of low back pain. Upon examination, there was trigger points noted over the lumbar spine improved since a previous epidural steroid injection. There was a 12 cm scar midline that was intact. Urine toxicology screen was performed to monitor for compliance. The diagnoses were lumbar sprain/strain, lumbar displaced intervertebral disc, lumbar sacral degenerative disc, myelopathy. An MRI of the lumbar spine performed on 11/04/2014 revealed postsurgical changes related to laminectomy defects at L4-5 and L5-S1, and similar residual broad based bulging and facet hypertrophy, which result in mild narrowing of the lateral recess and mild bilateral neural foramina narrowing at the L4-5 with mild degenerative changes at the L2-3, L3-4, and L5-S1 without evidence of neural impingement. The provider recommended an MRI of the lumbar spine, there was no rationale provided. The Request for Authorization form was not included in the medical documents for 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 without contrast (closed): Upheld

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

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

Decision rationale: The request for MRI of the lumbar spine without contrast (closed) is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identified specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show significant neurological deficits on physical exam. Additionally, documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. Additionally, the injured worker had an MRI of the lumbar spine performed on 11/04/2014, there was no rationale provided for a repeat MRI. As such, medically necessary has not been established.