

Case Number:	CM15-0172473		
Date Assigned:	09/14/2015	Date of Injury:	02/18/2014
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 02-18-2014. She reported lumbar pain, and radiculopathy. The injured worker was diagnosed as having Lumbago, Lumbar disc displacement, Lumbar-Lumbosacral Degenerative Disc Disease. Treatment to date has included a transforaminal epidural steroid injection (TFESI) on the right L5 done 02-2 015, and TFESI of a right L4 and L5 done 07-23-2015. She also has had medications for pain (Ibuprofen, Tramadol, and Hydrocodone) and physical therapy evaluation and treatment with establishment of a home exercise program in August 2015. On 07-30-2015, the worker is seen with an interpreter in follow up of a right L4 and L5 TFESI done 07-23-2015. Her pain rated a 7 on a scale of 10 before the procedure and a 2 on a scale of 10 after the procedure. The TFESI on the right L5 in February 2015 gave some relief. On the visit of 07-30-2105, the worker relates that she does not feel any better following the 07-23-2015 injection and she continues to have low back pain going down the right leg and into the ankle. She does report a separate right ankle injury, but she feels certain positions of her back cause the ankle to hurt and she also notes clicking in the right ankle and swelling. Her last MRI of the lumbar spine (04-23-2014) showed degenerative changes more at L4-5 with bulging, lateral recess narrowing and some foraminal narrowing as well as central stenosis. On exam 07-30-2015, there was right lower leg pain at about 70 degrees on a straight leg raise (SLR). The left leg had a negative SLR. There is tenderness to palpation over the spinous process of L4-S1 and right SI joint and gluteal area. Sensation was decreased on the right side with light touch over the right anterior thigh and anterior lower leg. Overall motor strength is approximately 4-5 out of 5 and near equal. The

treatment plan included requesting a repeat MRI of the lumbar spine prior to suggesting additional treatment. A request for authorization was submitted for MRI without Contrast, Lumbar Spine. A utilization review decision 08-10-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant just had an invasive procedure and there is no indication that the imaging would provide insight different from a year ago. The request for another MRI of the lumbar spine is not medically necessary.