

Case Number:	CM14-0143365		
Date Assigned:	09/10/2014	Date of Injury:	03/23/2012
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 Orthopedic Surgery and is licensed to practice in Tennessee. 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 is a 45-year-old male who reported an injury on 03/23/2012. The mechanism of injury was a fall. The injured worker had an MRI of the lumbar spine in 2012. Prior treatments included a left total hip replacement followed by a left trochanteric bursectomy and debridement. The injured worker had 2 epidural steroid injections. The injured worker had an MRI on 12/31/2013. The injured worker's medication history included methocarbamol 500 mg and Norco 10/325 mg. There was a request for authorization submitted for review for the requested service. The office note dated 07/14/2014 revealed the injured worker had an MRI that was 2 years prior. The physician opined it was hard to say how much nerve pain the injured worker had 2 years previously; however, it sounded like the injured worker was having more nerve pain going down his leg. The nerve pain was worse with extension of his low back. The injured worker had pain around the lateral aspect of his left superior thigh. The documentation indicated the injured worker should return back to his orthopedic surgeon as the physician opined the injured worker may need another bursectomy or some type of issue with the bursa. The physical examination revealed the injured worker had relatively good strength in the lower extremities, although there was a "hint" of weakness in the anterior tibialis. There was no Request for Authorization submitted to support the request.

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 Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicate the injured worker's MRI was 2 years prior. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of a significant pathology. The request for an MRI of the lumbar spine is not medically necessary.