

Case Number:	CM13-0001206		
Date Assigned:	05/12/2014	Date of Injury:	06/20/2008
Decision Date:	07/28/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/11/2013

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 New York, North Carolina. 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:

This claimant, a 46 year old man, alleges injury 6/20/08 from a MVA - he was a restrained driver, struck when stopped at a stop sign. He has a diagnosis of lumbosacral spondylosis. Last MRI 8/26/10 revealed degenerative pathology with impingement of the left L5 nerve root. There was also a posterior disc protrusion with stable annular tear at L4-5. He has been deemed permanent and stationary since 8/11/10. Treatment has included physical therapy, medications, trigger point and spinal injections and use of a TENS. 6/24/13, he had progression in low back pain with radiation to the left buttock and posterior thigh, numbness and tingling in both legs. He also had significantly increased right hip pain. Examination revealed loss of normal lordosis, decreased range of motion (60 degrees flexion and 10 degrees extension, limited by pain). There was spasm and tenderness on both sides of the vertebra, and tenderness over the sacroiliac spine, T4, T5 and T6. He responded to trigger point injections with moderate pain relief. He was sent to the emergency room for further evaluation, transported by ambulance. In the ER, he had no red flags identified.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, MRIs.

Decision rationale: Per ACOEM Guidelines, MRI is not indicated for regional back pain. He had no objective findings consistent with a progressive neurologic compromise, which may have warranted repeat MRI study of the lumbar spine. ODG recommends MRI in the lumbar spine for several condition, including myelopathy in several contexts, which this patient does not have; red flag conditions suspected; lumbar spine trauma. It is also recommended after one month conservative therapy or sooner if severe progressive neurologic deficit, which is not an appropriate scenario for this gentleman. Although this patient had considerable reports of pain, MRI imaging is not effective given the physical examination findings. The MRI is not recommended or authorized.