

Case Number:	CM13-0011498		
Date Assigned:	06/06/2014	Date of Injury:	03/11/2005
Decision Date:	07/11/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 03/11/2005. The mechanism of injury was not provided. The clinical note dated 07/23/2013 noted the injured worker presented with interruption of sleep patterns due to pain, exercise and walking proved to be beneficial, but the pain level persisted since the last visit. The visual analog scale (VAS) pain scale is a 7/10. Upon examination, the lumbar spine range of motion is 50% of expected, no motor deficit in the lower extremity is present, lower extremity stretch reflexes are 2+ bilaterally, and sensory deficit of the bilateral legs at the L5-S1 dermatomes are present. The diagnoses were lumbar disc disease, lumbar spondylolisthesis grade 1, and non-industrial human immunodeficiency virus (HIV). Previous treatment included gabapentin and physical therapy. Current treatment included a provider recommendation of an MRI for the lumbar spine to reassess disc disease and grade 1 anterolisthesis. The request for authorization form is dated 02/13/2014.

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): 177-179.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for imaging studies are an emergence of a red flag, physiologic evidence of a tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. The medical documents provided lacked evidence of the injured worker's failure to respond to conservative treatment, which would include physical therapy and medication. In addition, the last MRI study was not provided for review. There is a lack of evidence to support the injured worker's current symptoms are not consistent with prior pathology. Therefore, based on the documentation provided, the request for MRI of the lumbar spine is not medically necessary.