

Case Number:	CM13-0013608		
Date Assigned:	08/07/2013	Date of Injury:	09/25/2011
Decision Date:	01/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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:

An initial physician review notes that this patient is a 54-year-old man who sustained an injury to his low back while lifting a wheelchair. The patient subsequently reported persistent left shoulder as well as low back pain and numbness in the left leg. Physical examination as of 06/20/2013 had been noted to show left shoulder impingement signs with limited number of motion and positive straight leg raising as well as some reduced sensation in the left L5 distribution. A prior lumbar MRI of 02/28/2012 had shown mild central stenosis at L5-S1 with severe left and moderate to severe right foraminal stenosis. That initial review indicated that the patient did not have findings consistent with the guidelines for a repeat lumbar MRI exam. The medical records indicate the patient additionally had undergone MRI imaging 12/16/2011 which demonstrated disc desiccation at L4-L5 with a broad-based protrusion and with central canal and foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303 & 309.

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The medical records do not indicate that there has been a new development of unequivocal objective neurological findings since the patient's 2 prior lumbar MRI studies. I note that an additional guideline in this case is ACOEM Guidelines, Chapter 12 Low Back, page 309, which recommends lumbar MRI "when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." The patient does not meet this alternate criterion for a lumbar MRI. For these multiple reasons, the medical records do not support the current request for a lumbar MRI. This request is not medically necessary.