

Case Number:	CM13-0018330		
Date Assigned:	10/11/2013	Date of Injury:	02/18/1988
Decision Date:	01/06/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery and is licensed to practice in California. 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:

The claimant is a 57-year-old female who sustained an injury to her low back on February 18, 1988. The clinical records for review include a prior MRI of the lumbar spine from September 23, 2013 showing neural foraminal narrowing on the left at L2-3 through L5-S1 with a 14 millimeter presumed hemangioma at the T12 vertebral body; the scan was otherwise negative for other significant findings. Prior clinical assessment for review dated July 29, 2013 with [REDACTED] described a physical examination showing no tenderness over the sciatic notch with positive hamstring tightness. There was no focal motor deficit or atrophy. Ankle and knee reflexes were equal and symmetric with sensation intact to light touch. At that time there was request for lumbar MRI scan that was apparently performed on September 23, 2013 as stated. There is a request at present for an MRI scan of the spinal canal and contents of the lumbar spine without contrast material.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of spinal canal, lumbar: 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 MRI .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287,303.

Decision rationale: CA MTUS ACOEM with respect to imaging/MRI state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery". Based on California MTUS ACOEM Guidelines, the MRI scan would not be indicated. The physical examination as documented fails to demonstrate neurologic deficits of an acute nature that would indicate need for further imaging at this stage in the claimant's chronic course of care 25+ years from injury.