

Case Number:	CM13-0036934		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2005
Decision Date:	08/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Texas. 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 55 year old male who sustained an injury to his low back 05/20/05. Mechanism of injury was not documented. Progress report dated 08/16/13 reported that the injured worker continued to complain of low back pain that he rated 4-5/10 per visual analog scale. The patient stated that his low back pain had worsened and he noted increased symptoms in the left lower extremity including numbness/aching extending into his foot. The last magnetic resonance image of the lumbar spine was reportedly done in 2011. Physical examination noted tenderness to palpation of the paraspinal musculature, left more than right; decreased flexion/extension of lumbar spine; able to heel/toe walk without difficulty; decreased sensation throughout the left lower limb when tested with pin prick; muscle stretch reflexes normal and symmetrical at the patella; straight leg raise positive bilaterally.

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.

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

Decision rationale: The patient did not have worsened symptoms in the left lower extremity compared to previous physical examinations since the previous study had been performed. There was no indication of significant clinical deterioration, straight leg raise was negative, and the patient was able to heel/toe walk. Sensation was decreased in the left leg; however, that finding has been consistent since at least November of 2012. Therefore, given the lack of significant clinical deterioration in symptoms and/or signs, the request was not indicated as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for magnetic resonance image of the lumbar spine is not indicated as medically necessary.