

Case Number:	CM13-0039571		
Date Assigned:	06/06/2014	Date of Injury:	09/02/1997
Decision Date:	07/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 patient is an 80 year old male who was injured on 09/02/1997. The mechanism of injury is unknown. Note dated 08/14/2013 indicated the patient is documented to have constant neck and low back pain with complaints of increased bilateral leg weakness with tingling sensation. The patient has residual neck pain with numbness and paresthesia. He has received a TENS unit. Objective findings on exam revealed decreased range of motion of the cervical spine in all planes. The cervical facet maneuver is positive on the right side. There is cervical and suprascapular spasm. There was associated trapezius trigger points. The shoulder had subacromial tenderness. There is acromioclavicular joint tenderness. He had positive Hawk's maneuver and positive Neer's test. The lumbar spine revealed lumbar flexion was decreased with right side bending to 15 degrees and left side bending decreased to 10 degrees. There was lumbar paraspinal spasm with associated decreased lumbar lordosis. Straight leg raise test was positive bilaterally at 30 degrees. There is positive, right greater than left, Bowstring sign. The patient ambulates with a single based cane and has a slight wide based gait. The treatment and plan include a referral to see a neurologist regarding his balance issues. He was recommended to continue Gabapentin tablets, capsaicin cream, Percocet, Robaxin, and Lidoderm patches as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs.

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is indicated when surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in uncomplicated low back pain, after at least 1 month conservative therapy, sooner if there is severe progressive neurological deficit. The medical records do not demonstrate any red flag signs or plan for any surgical intervention. Furthermore, there is little evidence as to prior failed conservative management. Therefore, the medical necessity of the requested service is not established.