

Case Number:	CM13-0048405		
Date Assigned:	03/31/2014	Date of Injury:	07/30/1990
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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 a 60 year-old female with a reported date of injury on 07/30/1998; the mechanism of injury was not provided within the medical records. The patient had ongoing back pain. The patient had a diagnosis of spinal stenosis, lumbar region, without neurogenic claudication. The current medication regimen includes oxycontin, oxydodone, and soma. The clinical note from 08/12/2013 the patient complains of low back and right leg pain at 8/10 without medication and it decrease to 3/10 with medication. The clinical note from 12/16/2013 noted on physical exam that the patient is walking bent over and cannot straighten or stand and has decreased right heel reflexes. The clinical consult from 03/14/2014 indicated the patient has 5/5 strength on lower extremities. The provider requested an MRI of the lumbar spine on 10/07/2013 to rule out impingement in the lumbar spine due to radiating leg pain and difficulty ambulating.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297.

Decision rationale: ACOEM indicates there should be evidence of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory test or bone scans. If the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The information provided indicated the injury was 25 years ago. The clinical notes provided lack evidence of the patient's course of recent conservative treatment. Within the provided documentation, an MRI of the lumbar spine was provided which was performed on 11/26/2013 that indicated extensive degenerative bone, disc and joint changes noted throughout the lumbar spine with associated spinal stenosis foraminal narrowing and alignment abnormalities as described. There was a lack of objective findings which would indicate neurologic deficit upon physical examination to support a repeat MRI at this time. Therefore, the request for MRI of the Lumbar Spine is non-certified.