

Case Number:	CM13-0049441		
Date Assigned:	12/27/2013	Date of Injury:	06/23/1998
Decision Date:	08/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 and Rehabilitation, and is licensed to practice in Nevada. 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 50-year-old male who was reportedly injured on June 23, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 9, 2014, indicated that there were ongoing complaints of low back pain with a consideration of a cauda equina syndrome. The physical examination demonstrated a 5 feet 11 inch, 195-pound individual to be no acute distress. The extremities showed no sign of cyanosis, clubbing or edema. No neurological findings were reported. There was no loss of relevant reflexes. Diagnostic imaging studies were not discussed in this evaluation. Previous treatment included lumbar spine surgery, multiple medications and an evaluation for a possible benign prostatic hypertrophy. A follow up note, dated February 14, 2014, noted a qualified medical examiner assessment was pending. A request was made for a lumbar magnetic resonance image and was not medically necessary in the pre-authorization process on October 30, 2013.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the guidelines, a lumbar magnetic resonance image (MRI) is indicated for chronic low back pain if there is sufficient evidence to suggest nerve root encroachment. Based on the most recent physical examination presented, there was no data identified that there was a radiculopathy, a cauda equina syndrome when the urinary symptoms can be explained with benign prostatic hypertrophy. Therefore, based on the limited clinical rationale presented for review, there was no medical necessity for a repeat MRI. Therefore, the request is not medically necessary.