

Case Number:	CM13-0049546		
Date Assigned:	02/03/2014	Date of Injury:	07/23/2010
Decision Date:	06/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 a 51-year-old male with a 7/23/10 date of injury. His subjective complaint is low back pain, and objective findings include stiffness with movement, tenderness and spasm noted in the lumbar spine, weakness in left dorsiflexion, great toe extension, and plantar flexion, decreased sensation over the lower extremity, and positive straight leg raise. An MRI of the lumbar spine taken on 10/11/12 revealed moderate left neural foraminal narrowing and a 1-2mm posterior disc bulge at L5-S1. The current diagnoses include lumbago, radiculitis, and lumbar intervertebral disc disease without myelopathy. Treatment to date has been acupuncture treatments, chiropractic treatments, physical therapy, and medications.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS/ACOEM guidelines state that an MRI may be recommended with documentation of red flag diagnoses where plain film radiographs are negative, objective

findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and for patients who can be considered for surgery. The Official Disability Guidelines state that a repeat MRI may be recommended with documentation of a diagnosis or condition with supportive subjective and objective findings for which a repeat study is indicated. Such a situation would include diagnosing a suspected fracture or dislocation, to monitor a therapy/treatment which is known to result in a change in imaging findings and documentation of these changes is necessary to determine the efficacy of the therapy/treatment (with the exception of physical therapy or chiropractic treatment), to follow-up after a surgical procedure, or to diagnose a change in the patient's condition due to new or altered physical findings. Within the medical information available for review, there is documentation of diagnoses of lumbago, radiculitis, and lumbar intervertebral disc disease without myelopathy. However, there is no documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated. As such, the request is not medically necessary.