

Case Number:	CM13-0055841		
Date Assigned:	12/30/2013	Date of Injury:	11/30/2006
Decision Date:	04/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 63-year-old male with a date of injury on 11/30/06 when he was pinned between a pallet that he was removing from a truck and a lift gauge chain when the brace holding the lift gauge failed. Since then, he has had lumbar pain that is progressively worsening. His current listing of diagnoses includes degenerative disc disease at L4-5, L5-S1 with bilateral lower extremity radiculopathy, multi-level central and foraminal stenosis, most severe at L4-5 with incidental retrolithseis of L2 on L3. On a progress report dated 11/6/13, the patient reports worsening low back pain with numbness to the left lower extremity and ongoing right hip pain. On physical examination, there were no documented neuro findings. The requesting physician is the provider on record as having performed the patient's epidural injection and found 'a complete block at L4-5' and believes 'the patient is need of surgery'.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf.

Decision rationale: From the American College of Radiology (ACR) appropriateness criteria: "MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a CT scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord". The attempted L4-5 epidural injection with noted block during the attempt provides a great deal of information regarding the health of the lumbar spine, in particular at that level. With the suspicion that the patient may benefit from a surgical procedure, an up to date imaging study is warranted. I find the request for the Lumbar MRI justified and medically necessary.