

Case Number:	CM13-0059144		
Date Assigned:	04/18/2014	Date of Injury:	07/13/2010
Decision Date:	08/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/29/2013

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 Occupational Medicine, and is licensed to practice in Texas. 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 56 year old male who sustained an injury to his low back on 7/13/10. The mechanism of injury was not documented. The injured worker has a significant history of low back pain and failed back syndrome and continued to complain of low back pain. The injured worker stated that medications help alleviate some of the symptoms, but do not completely resolve them. The records indicate that the injured worker is two years status-post T9 to pelvic decompression, fusion and instrumentation. Treatment to date has included bone growth stimulator, aquatic/physical therapy and acupuncture. A clinical note dated 10/16/13 reported the injured worker continued to complain of upper paraspinal muscle spasm, lower extremity numbness/tingling and weakness. Physical examination noted 5/5 muscle strength in the bilateral upper/lower extremities; normal heel/toe walk; antalgic gait; normal reflexes; sensory intact and normal coordination.

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 with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The previous request was denied on the basis that information on 1st operative radiologic studies over the past 2 years to assess the thoracolumbar fusion was not provided. There were no abnormal neurological examination findings recorded when the injured worker was recently evaluated. The treating physician provided no rationale on how MRI and CT scans of the thoracic/lumbar spine would aide in medical/surgical decision making at this time. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine with and without contrast is not indicated as medically necessary.