

Case Number:	CM13-0060372		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2011
Decision Date:	04/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal Medicine and Pulmonary Diseases 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 46-year-old male who reported injury on 03/28/2011. The mechanism of injury was noted to be the patient was changing a transmission to a vehicle that was up on a lift that suddenly came down while he and another coworker while holding the transmission. The patient felt immediate pain. The patient had an MRI of the lumbar spine on 08/08/2012. The examination dated 12/04/2012 revealed the patient had complaints of low back pain. The pain was pulsating and increased with bending and stooping, and the patient had complaints of bilateral lower extremity radicular pain. The examination of 08/29/2013 indicated that the patient had complaints of low back pain radiating to both legs, with associated weakness. The patient had physical therapy and had epidural steroid injections. The patient was noted to have visual loss after epidural steroid injections due to the patient's diabetes. Neurologically, the patient had 4/5 strength in the iliopsoas, quadriceps, hamstrings, dorsiflexors, extensor hallucis longus, and plantar flexors. The patient had absent ankle reflexes and knee reflexes bilaterally. The patient had decreased sensation to light touch and pinprick diffusely over both legs. The straight leg raise was positive bilaterally. The diagnoses were noted to be lumbar myelopathy and radiculopathy, and low back and bilateral leg pain with objective weakness. The request was made for an MRI. The physician opined that nonsurgical management would not provide the patient likely benefit. Additionally, it was opined that this treatment would be contraindicated, given the patient's visual loss following the steroids and the diabetes. The request was made for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: Official Disability Guidelines indicate that a repeat MRI is appropriate for patients who have a significant change in symptoms and/or findings suggestive of a significant pathology. Clinical documentation submitted for review failed to indicate the patient had a significant change in symptoms and/or findings suggestive of a significant pathology, per the documentation of 2012 through 2013. Additionally, the prior MRI was not provided for review. Given the above, the request for an MRI of the lumbar spine is not medically necessary.