

Case Number:	CM13-0061238		
Date Assigned:	05/05/2014	Date of Injury:	05/02/2009
Decision Date:	11/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation and is licensed to practice in New York. 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 53-year-old female who reported an injury on 05/02/2009. The mechanism of injury involved heavy lifting. The current diagnoses include status post C5-6 total disc replacement and rule out thoracic and/or possible lumbar herniated nucleus pulposus. The injured worker was evaluated on 10/23/2013 with complaints of tingling in the left side of the head, headaches, and a marked flareup of axial back pain and left leg radicular pain. The current medication regimen includes Percocet. Previous conservative treatment includes physical therapy for the cervical spine. The physical examination revealed stiffness and guarding in the 40-50% range of the cervical spine without any localized neurological deficit in the upper or lower extremities. Treatment recommendations at that time included an MRI scan of the lumbar and thoracic spine. A Request for Authorization form was then submitted on 11/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative treatment, or myelopathy. There is no documentation of a significant functional limitation upon physical examination. There is no objective evidence of any red flags for serious spinal pathology. There is no mention of an attempt at any recent conservative treatment for the lumbar spine. Based on the clinical information received and to above mentioned guidelines, the request is not medically necessary and appropriate.