

Case Number:	CM14-0002943		
Date Assigned:	01/24/2014	Date of Injury:	11/26/2008
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 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:

Medical records from 2013 were reviewed showing the patient complaining of back pain. There is associated radiation of the pain to the arms, eyes, ears, and hands. The pain is described as a constant with exacerbation from activity. There is associated symptoms of bowel dysfunction and bladder dysfunction. Bladder dysfunction was described as incontinence and urgency. On examination, there were trigger points noted in the upper trapezius, mid-trapezius, lower trapezius, quadratus lumborum, lumbar and lumbosacral regions. Lumbar spine range of motion was noted to be decreased. Right hip and left hip flexion were noted to be decreased rated at 3/5 and 4/5 respectively. Knee extension and flexion bilaterally were 4/5. Right ankle dorsiflexion and plantar flexion were rated at 4/5. Reflexes were decreased bilaterally in the lower extremities rated at 1+.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBOSACRAL SPINE WITHOUT CONTRAST: 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 rationale: As stated on pages 303-304 of ACOEM Low Back Chapter referenced by CA MTUS, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or where the patient has unequivocal objective findings that identify nerve compromise on neurological exam and does not respond to treatment. Considering the symptoms which include bladder and bowel symptoms, the abnormal findings on exam, the increasing pain ratings, and the failure of conservative treatment, this patient may very well be a surgical candidate. It would appear more appropriate to have requested a spine surgical consult, rather than another MRI at this time. Therefore, the request for MRI of the lumbosacral spine is not medically necessary.