

Case Number:	CM14-0004812		
Date Assigned:	01/24/2014	Date of Injury:	11/07/2009
Decision Date:	06/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/13/2014

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:

The patient has submitted a claim for lumbar strain associated with an industrial injury date of November 7, 2009. The treatment to date has included oral analgesics, muscle relaxants, physical therapy, aqua therapy, and work restrictions. The medical records from 2009 to 2012 were reviewed and showed low back pain with radiculopathy to the lower extremities. The patient had several previous MRI (magnetic resonance imaging) of the lumbar spine on December 2009 demonstrating routine-appearing disc bulges. An evaluation in May 2010 included a computed tomography (CT) myelogram which demonstrated small disc bulges and protrusion at L3-4, L4-5 and L5-S1 with no nerve root compromise. A repeat lumbar MRI was requested due to increased back pains with referred pain to the legs and a vaguely described numbness and tingling sensation. However, the request has been denied until December 9, 2012 when there was an exacerbation of back and leg pain. The MRI demonstrated degenerative disc disease at L4-5 and L5-S1 with a central disc at L4-5. An MRI of the lumbar spine is currently being requested, however the latest history and physical examination and indication for which were not provided. Utilization review dated December 16, 2013 denied the request for MRI of the lumbar spine. The reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: 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: According to the MTUS/ACOEM Practice Guidelines, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, the most recent progress report from the documents provided dated back to December 2012. An MRI (magnetic resonance imaging) of the lumbar spine is currently being requested; however, the latest history, physical examination, and indication for the request were not provided. The medical necessity cannot be established. Therefore, the request for MRI lumbar spine is not medically necessary.