

Case Number:	CM14-0005618		
Date Assigned:	02/05/2014	Date of Injury:	08/30/2012
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
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 Anesthesiologist and is licensed to practice in Florida. 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 50 year old male who reported an injury on 08/30/2012. The mechanism of injury was not provided. The clinical note dated 01/20/2014 reported the injured worker complained of low back pain and ask if surgery may help him. Upon physical examination of the lumbar spine it was reported the injured worker had 5/5 muscle strength throughout. There was a light touch and pain sensation deficit noted in the L5 dermatomal distribution. The injured worker's medication regimen included Vicodin for pain and he has reportedly participated in an unspecified number of physical therapy sessions. An MRI, of the lumbar spine, dated in 09/2012 showed findings of degenerative changes with moderated discogenic disease and annular spur complex at L5-S1. The diagnoses included low back pain. The request for authorization was submitted on 12/03/2013. A clear rationale was not provided.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the Lumbosacral spine without contrast is non-certified. The injured worker has a history of low back pain treated with medication and physical therapy. The American College of Occupational and Environmental Medicine recommends unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical information, provided for review, documents the injured worker has MRI findings, in 09/2012, of degenerative changes with moderated discogenic disease and annular spur complex at L5-S1. However, there is no documentation in the most recent clinical note to support radiculopathy, which is evidenced by a loss of motor strength, radiating pain, numbness, and tingling. In addition, there is a lack of any new findings that do not correlate with the previous MRI to warrant the need for an updated study. Therefore, the request for MRI of the Lumbosacral spine with out contrast is not medically necessary.