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| Case Number: | CM14-0007699 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 08/26/2005 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/25/2013 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 Anesthesiology, and is licensed to practice in Texas. 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 54 year old male who sustained an injury to his back on 08/26/05. The mechanism of injury was not documented. A clinical note dated 12/24/13 reported that the patient continues to complain of chronic mid back, low back and bilateral leg/me/foot pain associated with subsequent ongoing issues involving the work-related injury. The patient noted the same pain intensity and no change in distribution. An MRI the lumbar spine without contrast dated 09/05/13 revealed development of a small 2.5 mm left parasagittal disc protrusion without extrusion or sequestration surrounding the ventral aspect of the thecal sac; however, the L2 nerve root emerges surrounded by sufficient epidural fat; descending L3 root is mildly displaced posteriorly; L3-4, 2.5-3 mm left lateral disc osteophyte complex projects toward the emerging left L3 nerve roots in the formaen; L5-S1, left lateral recess stenosis on the right at the origin of the emerging right S1 nerve root; this is due to hypotrophic changes in the facets and has been present since previous examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT DYE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There was no indication of an acute new injury or exacerbation of previous symptoms since a previous MRI of the lumbar spine was performed in September of 2013. There was no indication of decreased motor strength, increased reflex, or sensory deficits. There is no mention that a surgical intervention was anticipated. There were no other significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI lumbar spine without dye has not been established. The request is not medically necessary and appropriate.