

Case Number:	CM14-0009074		
Date Assigned:	02/12/2014	Date of Injury:	08/15/2010
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 55-year-old male patient with an 8/15/10 date of injury. 1/28/14 progress report indicates continued neck pain and a jumping sensation in the right knee. Physically exam demonstrates restricted cervical range of motion, cervical tenderness, absent two-point discrimination over the left and right hand. Treatment to date has included aqua exercise, medication, and activity modification. The patient has also undergone previous C3-C7 laminoplasty. 10/8/12 lumbar MRI demonstrates moderate degree of central stenosis at L3-4; marked degree of central stenosis at L4-5, and moderately significant degree of central stenosis at L5-S1; an old compression fracture of the body of T12. 2/8/11 lumbar MRI demonstrates mild bilateral foraminal narrowing at L3-4, and a central disk protrusion of L4-5 with mild-to-moderate bilateral foraminal narrowing; and, at L5-S1, a disk bulge resulting in moderate central canal stenosis and mild lateral recess narrowing, severe bilateral foraminal narrowing. There is documentation of the previous 12/26/13 adverse determination for absence of a significant change in the patient's clinical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: 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): 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, the patient has undergone several previous lumbar MRI studies. Findings on prior studies are consistent with current clinical findings; a change or progression in objective neurologic findings that would warrant repeat MRI was not documented. Therefore, the request for an MRI LUMBAR SPINE W/O DYE was not medically necessary.