

Case Number:	CM14-0101102		
Date Assigned:	09/16/2014	Date of Injury:	10/26/2011
Decision Date:	10/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Management 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 injured worker is a 64 year old male with low back and leg pain. The date of initial injury was October 28, 2011. Documentation provided for review is dated April 28, 2014. At that time, the injured worker had an exacerbation of his symptoms involving his low back and right leg. Physical examination showed decreased range of motion of the lumbar spine, 5/5 motor strength in the lower limbs, positive straight leg-raise and positive Apley's testing of the right knee. Diagnoses included lumbosacral sprain/strain, degenerative disc disease and radiculopathy as well as right knee sprain/strain and internal derangement. The treatment plan included continued use of medication and exercise. Other recommendations included consultation with a spine surgeon. Other notes from the treating physician provided are from April 7, 2014 and March 28, 2014. There is no significant change documented with regards to the injured worker's physical examination or suggested recommendations for treatment. The treating physician note dated June 16, 2014 showed no change in physical examination findings but indicated that requests for magnetic resonance imaging and electromyogram had been denied. Documentation dated May 21, 2014 indicated that the injured worker had undergone a qualified medical evaluation and recommendations included psychological treatment, electromyogram, magnetic resonance imaging of the lumbar spine, and surgical consultation.

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

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

Decision rationale: While the injured worker does have diagnoses of loss of discs in the spine and severe nerve damage in the body, there is physical examination findings indicating that he is experiencing a change in his neurological status; the physical examination from the documentation provided indicates full motor strength in both of the lower limbs and no there is no indication of nerve root compression. There are no documents stating why the injured worker may need an imaging test of his lumbar spine. There is also no indication of tumor, infection, or trauma. A referral to a spine surgeon has been requested but this is not explained in the records, and there is no documentation of a failure of conservative treatment (such as medication, injections, and physical therapy) and the potential need for surgery. Therefore, the requested magnetic resonance imaging scan on the lumbar spine is not medically necessary.