

Case Number:	CM14-0104017		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2012
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty 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:

This is a 33-year-old male with a 5/4/2012 date of injury, when he has putting a box that weighted 55-60 pounds in a cart. 6/24/14 determination was non-certified given lack of clinical evidence of significant change in symptoms. 5/29/14 orthopedic qualified medical evaluation identified than the last time the patient saw a physician was in June or July of 2013 and he had not had any treatment since then. There was low back pain rated 7/10. Increased with prolonged standing and sitting. He denied any shooting pain. Range of motion was full with pain. Motor strength was rated 5/5 and sensation was intact to light touch. The patient complained of low back pain with left straight raise maneuver. The patient had 1+ patellar and Achilles tendon bilaterally. It was noted that the patient's MRI was from August 2012 and due to ongoing symptoms an updated MRI was recommended. The provider stated that provisions for future medical care would be provided once the MRI of the lumbar spine was reviewed and final disability status would be discussed upon review of the MRI results. 7/18/14 lumbar spine MRI report revealed multilevel loss of disc space signal. Disc abnormalities of each of lower four lumbar disc spaces, mostly left-sided. There is left lateral recess stenosis at L2-3, L3-4, and L5-S1. L5-S1 shows 5mm or greater left-sided disc herniation causing obscuration and posterior displacement of the proximal left S1 root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 11th Edition (web) 2013, Low Back Chapter, Magnetic Resonance Imaging (MRI).

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.

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. The patient was injured in 2012, he had conservative treatment and a lumbar spine MRI. The patient did not see any physician or had any treatment since June-July 2013 until he was seen for a QME on May 2014. The evaluator recommended an updated lumbar MRI for provisions for future medical care and final disability status. It should be noted that a lumbar spine MRI was completed on 7/18/14. However, given that the purpose of this review is to assess the medical necessity of the requested imaging study at the time of the initial request, a repeat lumbar spine MRI was medically necessary at that time for the reasons stated above in accordance to the QME recommendations.