MAXIMUS Federal Services

Case Number:	CM14-0107666		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2004
Decision Date:	09/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation 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 medical records reflect the injured worker is a 68 year old male with a work related injury dated 3-23-04. On this date, the claimant lifted something heavy at work and started having low back pain. The claimant has been treated with medications, physical therapy and injections. The case was closed in 2007. He had a recurrence of symptoms in 2009 and again recently. The claimant reported numbness in the left lower extremity. Office visit from 5-30-14 notes the claimant complains of moderate to severe low back pain associated with numbness to the left lower extremity. On exam, the claimant had tenderness over the para-lumbar musculature, flexion to 60 degrees and extension to 30 degrees with pain. The claimant had decreased sensation over the lateral thigh. SLR was negative in the supine and sitting position. DTR are 2+, motor testing is 5/5. The evaluator proceed a prescription for a TENS Unit, lumbar corset, Functional Capacity Evaluation, referral to a functional restoration program, pain management consultation, lumbar epidural steroid injection, medications to include Diclofenac, Omeprazole and Tramadol. The claimant had an MRI of the lumbar spine dated 5-13-14 that showed a rounded mass arising from the inferior aspect of the right kidney. Further evaluation with renal US and CT scan was recommended. Degenerative discogenic spondylosis primarily at L2-L3, L1-L2 though L5-S1 intervertebral disc are desiccated and reduced in height. L1-L2 concentric annular disc bulge, L2-L3 diffuse left eccentric posterior annular disc bulge. L4-L5 diffuse left eccentric posterior annular disc bulge, L5-S1 facet arthrosis and vertebral endplate spurs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Lumbar spine chapter - MRI.

Decision rationale: The ACOEM Guidelines reflect that MRI is recommended as an option for the evaluation of select chronic LBP patients in order to rule out concurrent pathology unrelated to injury. This option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. ODG reflects that an MRI of the lumbar spine is recommended if there is trauma, neurological deficit. Medical Records reflect a claimant with chronic low back pain complaints and left lower extremity. His physical exam showed 2+ reflexes bilaterally, strength was 5/5. There is an absence in documentation noting that this claimant has radicular signs or concern of a nerve root compression or progressive neurological deficits. Therefore, the medical necessity of an MRI is not established. Additionally, the claimant had an MRI done on 5-13-14 and repeat routine of an MRI is not supported in the medical literature. Therefore, the request for MRI of the lumbar spine is not medically necessary.