

Case Number:	CM14-0109196		
Date Assigned:	08/01/2014	Date of Injury:	03/10/2011
Decision Date:	10/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 Nevada. 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 53-year-old gentleman was reportedly injured on March 10, 2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated June 19, 2014, indicates that there are ongoing complaints of neck pain and back pain. The physical examination demonstrated decreased sensation of the left forearm and middle finger as well as decreased left wrist extension. Upper extremity deep tendon reflexes were normal. An examination of the lumbar spine noted decreased strength of the left tibialis anterior and extensor hallucis longus. Distal sensation and reflexes were intact. Diagnostic imaging studies of the thoracic spine revealed diffuse degenerative changes. A magnetic resonance image (MRI) of the thoracic spine noted disc protrusions at T5-C6, T6-C7, and C6-T8. Previous treatment includes a first rib resection, left shoulder surgery, and a cervical spine fusion from C4 through C7. A request had been made for an MRI the lumbar spine and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: According to the Official Disability Guidelines, MRI's are the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The medical record does not indicate that the injured employees currently represent a significant change in symptoms from prior. As such, this request for an MRI of the lumbar spine is not medically necessary.