

Case Number:	CM14-0011102		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2008
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 61-year-old male who sustained an injury to his low back on 01/31/08 due to a bending/lifting type injury. The records indicate that the injured worker eventually underwent laminectomy at L5-S1 which provided some benefit; however, over the last year to several months his pain has returned. Per clinical note dated 12/18/13, the injured worker reported that his pain tends to be dull, constant, achy in nature with sharp, shooting pains into the right leg and anterior thigh, stopping around the knee and into the distal shin region. Treatment to date has included physical therapy, chiropractic treatment, (TENS) transcutaneous electrical nerve stimulation unit, home exercise program, anti-inflammatory and opioid type medications with minimal relief. The patient denied any gross weakness, numbness or changes in the bowel/bladder. There were no imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 12, 303

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 Chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI the lumbar spine is not medically necessary. The previous request was denied on the basis that the only abnormality was 4/5 muscle strength with right knee extension. Physical examination did not note any radicular findings, including no evidence of positive root tension signs or sensory changes with normal gait and some restriction of flexion due to pain. There was no mention that a surgical intervention is anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication of increased reflex or sensory deficits. There were no additional significant 'red flags' identified and there was no information provided that would indicate that plain radiographs were obtained prior to the request for more advanced MRI. Given the above the request is not medically necessary.