

Case Number:	CM14-0014927		
Date Assigned:	02/21/2014	Date of Injury:	11/29/2012
Decision Date:	11/18/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	01/30/2014

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 Family Medicine and is licensed to practice in Ohio. 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 with a date of injury of November 29, 2012. The medical records were reviewed. He complains of left knee pain, neck pain which radiates to the left upper extremity, left chest wall pain, and low back pain that radiates to both lower extremities. The physical exam reveals left chest wall tenderness over the T5-T8 dermatomes, spasm and tenderness of the lumbar paraspinal musculature, diminished lumbar range of motion, diminished L5-S1 dermatome sensation and a positive straight leg raise exam at 50 degrees bilaterally. The diagnoses include a torn left medial meniscus, lumbar radiculitis, intercostal neuralgia, and iatrogenic opioid dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the Lumbar Spine without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, MRIs (magnetic resonance imaging)

Decision rationale: Per the Official Disability Guidelines, MRI scan of the lumbar spine is indicated for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this instance, there are clear subjective and objective indications of radicular pain. These symptoms have been present for greater than a month. It is evident that conservative treatment with medications has been utilized. Therefore, MRI imaging of the lumbosacral spine without contrast is medically necessary.