

Case Number:	CM14-0015379		
Date Assigned:	02/28/2014	Date of Injury:	06/24/2008
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine 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 injured worker is a 60-year-old male who sustained an injury to his low back on 06/24/08. The mechanism of injury was not documented. The clinical note dated 02/13/14 reported the injured worker continues to complain of severe low back pain with shooting pain radiating down to his bilateral lower extremities. The pain wakes him up in the night. The injured worker reported that his Norco is not covering his pain. The injured worker has been taking Norco for 3-4 years. It was noted this constitutes as a change in the injured worker's condition. Physical examination noted slight agitation; decreased lumbar range of motion with flexion, extension and side bending; stooped posture; slow ambulation; antalgic gait; marked tenderness on palpation to the lumbar paraspinals; motor strength 4/5 with hip flexion, otherwise 5/5 throughout the bilateral lower extremities. The injured worker was diagnosed with chronic intractable low back pain secondary to lumbosacral degenerative disc disease, status post lumbar fusion at L3 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MAGNETIC RESONANCE IMAGES OF LUMBAR SPINE WITH/WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 33-304.

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, MAGNETIC RESONANCE IMAGING (MRI)

Decision rationale: The request for repeat MRI of the lumbar spine with and without contrast is not medically necessary. The previous request was denied on the basis that there were no unequivocal objective findings that identify any specific nerve compromise on neurologic examination. A trial and response to a complete course of conservative treatment including physical therapy was not specified in the records provided. There were no significant focal neurological deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication of any increased reflex or sensory deficits. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for repeat MRI of the lumbar spine with and without contrast has not been established under Official Disability Guidelines (ODG).