

Case Number:	CM14-0117393		
Date Assigned:	08/06/2014	Date of Injury:	12/18/1988
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 54-year-old male with a 12/18/88 date of injury. At the time (6/23/14) of request for authorization for MRI of the Lumbar Spine without contrast, there is documentation of subjective (back pain with numbness and tingling to right toes and calf; and weakness to bilateral hamstrings) and objective (intact sensations and reflexes; and normal strength testing) findings, current diagnoses (lumbar spinal stenosis), and treatment to date (medications, physical therapy, and chiropractic treatments). There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of lumbar spinal stenosis. In addition, there is documentation of conservative treatment (medications, physical therapy, and chiropractic treatments). However, despite documentation of subjective (back pain with numbness and tingling to right toes and calf; and weakness to bilateral hamstrings) findings and given no pertinent objective findings, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Lumbar Spine without contrast is not medically necessary.