

Case Number:	CM14-0117753		
Date Assigned:	08/06/2014	Date of Injury:	01/20/1992
Decision Date:	09/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 & 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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on 1/20/1992. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/30/2014, indicated that there were ongoing complaints of low back pain and right leg pain. The physical examination demonstrated motor was antigravity x4 except in the right lower extremity where there was absent ankle dorsiflexion. Ankle plantar flexion was 4-/5. Knee extension was 4+/5. Knee flexion was 4+/5. Hip flexion was 5-/5. Gait was antalgic, somewhat stable, with the use of a cane. No recent diagnostic studies are available for review. Previous treatment included previous surgeries, sacroiliac joint injections, physical therapy, and medications. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on 7/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LS Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: ACOEM guidelines support an MRI of the lumbar spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks and in whom the symptoms are not trending towards improvement, if both the patient and surgeon are considering prompt surgical treatment, and assuming the MRI confirms ongoing nerve root compression. Review of the available medical records reported no objective clinical findings of radiculopathy or abnormal nerve function in a specific dermatome. As such, the request is not considered medically necessary.