

Case Number:	CM14-0118743		
Date Assigned:	08/06/2014	Date of Injury:	01/25/2008
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

This is a 56-year-old female with a 1/25/08 date of injury. She injured her neck, shoulder, and back when she fell backwards off a truck. According to a progress report dated 6/18/14, the patient complained of neck pain, low back pain, and shooting pain down the arms and legs as well as upper extremities. She has been having increasing pain in the low back. An MRI of the low back from 2010 revealed stenosis from L2 to L4 and stenosis at L4-L5 and extrusion at L5-S1, and C5-C6 and C6-C7 multilevel disc disease of the neck and low back. Objective findings: tenderness along the cervical and lumbar paraspinal muscles, diffuse weakness in the upper and lower extremities secondary to pain. Diagnostic impression: wrist joint inflammation, carpal tunnel syndrome on the right, mild impingement of shoulder on left, discogenic lumbar condition. Treatment to date: medication management, activity modification, injections, TENS unit. A UR decision dated 7/15/14 denied the request for MRI open lumbar. Requested is a repeat lumbar MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Open Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. It is noted that the patient had an MRI in 2010. There is no documentation of significant changes in the patient's condition to warrant repeat imaging. In addition, in the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. Furthermore, there is no documentation of failure of conservative therapy. Therefore, the request for MRI Open Lumbar was not medically necessary.