

Case Number:	CM14-0122651		
Date Assigned:	08/06/2014	Date of Injury:	10/22/2002
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 47 year old male whose date of injury is 10/22/02. The mechanism of injury is not provided. Per office note dated 07/02/14 the injured worker presents with pain in the shoulder, neck, lower back and wrist. Current medications were listed as Norco, Oxycontin, and Soma. Objective findings noted left low back pain with radiculopathy from injuries sustained as a police officer 13 years ago; good heel and toe walking; negative bilateral straight leg raise; left lower lumbar facet pain on palpation. The records indicate that the injured worker has been treated conservatively, but no comprehensive history of treatment to date was provided. The injured worker reportedly had an MRI of the lumbar spine performed over 2 years ago, but no radiology report was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Section: Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 07/03/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: Per ACOEM guidelines, Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Current evidence-based guidelines also reflect that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Most recent examination did not identify any motor, sensory or reflex deficits indicative of lumbar radiculopathy. Based on the clinical information provided, noting that there is no evidence of a significant change in symptomatology and no evidence of progressive neurologic deficit, medical necessity is not established for MRI Lumbar Spine.