

Case Number:	CM14-0126867		
Date Assigned:	08/18/2014	Date of Injury:	06/24/2004
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency 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 54 year-old male who reported a work related injury on 06/24/2004 due to using a power washer. The diagnoses consist of lumbar radiculitis, displacement of the lumbar intervertebral disc, and degeneration of the lumbar or lumbosacral intervertebral disc, thoracic sprain, and thoracic spondylosis. Previous conservative treatment has included medication, a TENS unit, cervical epidural steroid injections, and a lumbar brace. An MRI of the lumbar spine on 02/05/2014 revealed moderate spinal stenosis with a 3 mm central protrusion at L3-4, disc bulging at L4-5 and L5-S1, and moderate stenosis at L2-3. Upon examination on 07/10/2014 the injured worker stated he had low back pain which radiated to his left leg and foot with weakness and numbness. On a VAS scale the injured worker rated his pain as a 7 out of 10. The straight leg raise test was negative bilaterally and sensation was diminished in the left S1 dermatomes of the lower extremities. The injured worker's medications included 550 mg of Naproxen, 10 mg of Ambien, 1 mg of Lorazepam, Norco, Flexeril, and Lyrica. The treatment plan included an MRI of the lumbar spine, a TENS unit, and a lumbar brace. The rationale for the request was to relieve pain. The request for authorization form was submitted for review on 07/10/2014.

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: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, MRIs.

Decision rationale: The Official Disability Guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker had a prior MRI to his lumbar spine on 02/05/2014, however, there are no significant changes noted that support a second MRI for the lumbar spine. The medical records provided do not reveal any significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the request for a MRI of the Lumbar Spine is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS/ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's back condition is chronic, not acute. Additionally, there is no documentation of instability within physical findings that would support the use of a back brace. Therefore, the request for a LSO Brace is not medically necessary.