

Case Number:	CM14-0131042		
Date Assigned:	08/20/2014	Date of Injury:	08/01/2001
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in Emergency Medical Services 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 61 year-old male who reported an injury on 08/01/2001. The mechanism of injury was not provided. The diagnosis was right leg radiculopathy with hip flexor weakness. Past treatments included conservative care physical therapy, a home exercise program and pain medications. The injured worker underwent a previous MRI on an unknown date. On the clinical note dated 06/02/2014 the injured worker complained of low back pain and pain in the right anterior thigh to the shin rated at 6/10. The physical examination findings of the lumbar spine and lower extremities revealed a normal gait, no evidence of weakness walking on the toes or the heels, no gross deformity, no gross atrophy of the paravertebral muscles, no evidence of scoliosis, normal lordosis, no palpable tenderness of the paravertebral muscles bilaterally, and no palpable tenderness over the sacroiliac joints or over the sciatic notches bilaterally. There was no palpable tenderness over the flanks bilaterally nor over the coccyx. There was decreased sensation over the left L4 and L5 dermatome distribution. The motor power exam was normal except for at the ankle due to his fusion. There was a positive straight leg raise at 70 degrees on the left. Medications included robaxin, motrin, and norco. The treatment plan was for an MRI of the lumbar spine, a right shoe lift, and re-evaluation in 4-6 weeks. The rationale for the request was that the injured worker had worsening right leg radiculopathy with ongoing symptoms, The request for authorization form was submitted for the review and signed on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine without contrast.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI's

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The injured worker has a history of low back pain and pain in the right anterior thigh to the shin. The injured worker has been treated with conservative care physical therapy, a home exercise program and pain medications. The Official Disability Guidelines state repeat MRI is not routinely recommended and should be reserved for significant change in status and neurological deficits. The injured worker was noted to have neurological deficits on physical exam. However, there was insufficient documentation of findings to clearly represent a significant change or progressive neurological deficits. Also, the previous MRI report was not provided to correlate with physical exam. As such, the request is not medically necessary.