

Case Number:	CM14-0132215		
Date Assigned:	09/18/2014	Date of Injury:	05/14/2004
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Utah. 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 patient is a 48 year-old male. The patient's date of injury is 5/14/2004. The mechanism of injury was while he was operating a crane. The patient has been diagnosed with brachial neuritis, lumbosacral neuritis, and sprain of the neck. The patient's treatments have included surgical intervention, imaging studies, and medications. The physical exam findings dated 7/2/2014 showed the lumbar range of motion with flexion to 45 degrees, and extension to 10 degrees, with lateral bending to 15 bilaterally. The patient's medications have included, but are not limited to, Norco, Caverject, insulin, lisinopril, and metformin. The request is for an MRI of the Lumbar spine.

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 with Gadolinium Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the back. MTUS

guidelines state the following: Despite the lack of strong medical evidence supporting it, discography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria:- Back pain of at least three months duration.- Failure of conservative treatment.- Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.)- Is a candidate for surgery?- Has been briefed on potential risks and benefits from diskography and surgery. The clinical documents state that the patient is possibly a candidate for surgical intervention. According to the clinical documentation provided and current MTUS guidelines; MRI of the back as stated above, is indicated as a medical necessity to the patient at this time.