

Case Number:	CM14-0134729		
Date Assigned:	08/27/2014	Date of Injury:	12/16/2005
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/21/2014

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:

The injured worker is a 68 year old male who was injured on 12/16/05. There is one clinical note submitted for review; this note is of poor copy quality and is difficult to interpret. The mechanism of injury is not described. This progress note dated 07/10/14, states the injured worker has no complaints of back pain at this visit. It is noted the injured worker takes tylenol and topiramate as needed. The injured worker is diagnosed with lumbago, lumbar radiculopathy, lumbar disc displacement and grade II spondylolisthesis, lumbar. This note indicates treatment for these concerns has included exercise, use of a theracane and use of a transcutaneous electrical nerve stimulation (TENS) unit. Objective findings upon physical examination are listed to include tenderness to palpation, normal gate and decreased lateral flexion of the lumbar spine. The treatment plan appears to include continuation of medication, refill of TENS patches and a request for an "updated" magnetic resonance image (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:

LUMBAR SPINE MRI: Upheld

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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, MRIs (magnetic resonance imaging)

Decision rationale: The submitted physical examination did not include motor, sensory or reflex testing of the lower extremities. As such, the submitted records failed to reveal unequivocal objective findings suggestive of specific nerve compromise. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". Records do not annotate the date of a previous MRI study and do not include clinical notes that approximate a previous imaging study or evidence of a change in signs or symptoms. Records states the injured worker did not complain of low back pain on that date and the physical examination was limited, findings suggestive of significant pathology are not included. Based on the clinical information provided, medical necessity of an MRI of the lumbar spine is not established.