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| Case Number: | CM14-0167597 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 02/21/2013 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 Internal Medicine and is licensed to practice in New York. 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 59 year old man with a date of injury of 2/21/13. He is status post normal NCV in 8/14 with EMG showing chronic right L5 denervation. He was seen by his physician on 9/12/14 with complaints of pain in multiple areas - shoulders, feet, hands, left knee, neck and back. An exam was not documented. A prior visit with his primary care physician was on 6/12/14. Exam of the lumbar spine showed tenderness to palpation and hypertonicity bilaterally with a tender SI joint and sacrum. He had decreased left L5-S1 sensation and 4/5 muscle strength. He was able to heel and toe walk bilaterally and had no clonus. His diagnoses were right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fracture with lower extremity numbness, cervical strain - rule out disc herniation, bilateral upper extremity numbness and facial trauma. Record review showed documentation of a prior lumbar MRI in 4/13 showing multilevel discogenic disease. At issue in this review is a repeat 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:

Repeat MRI of The Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including EMG/NCV and MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, his lumbar pathology had been delineated and documented on prior studies and he had no red flags on physical exam. In the absence of physical exam evidence of red flags, a repeat MRI of the lumbar spine is not medically substantiated.