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| Case Number: | CM14-0182751 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 01/18/2013 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 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:

This patient has a reported date of injury of 1/18/2013. Mechanism of injury is described as a trip and fall. Patient has a diagnosis of grade 1 spondylosis at L4-5 with spinal stenosis at L4-5 and post healed fracture of R 5th metatarsal. Medical reports reviewed. Last report available was until 9/27/14. Patient complains of low back pain radiating to legs. Objective exam reveals lumbar spine paraspinous muscle spasms, and tenderness to palpation. Range of motion is mildly decreased, clonus on right side with positive Hoffman's sign. Decreased light touch to L5 dermatome on R side. Note dated 9/27/14 mentions that patient has not had an MRI of the lumbar spine "because we cannot get the films" so an MRI of lumbar spine was ordered. Patient has had an MRI already done but the imaging center is reportedly refusing to reprint the films without payment of a \$50 fee. DEXA scan of hip and spine reveals osteoporosis. Medications include Naproxen and Tramadol. Independent Medical Review is for MRI of lumbar spine. Prior UR on 10/29/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 1.5 Tesla Magnet Closed Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2014, Low Back - Lumbar Thoracic, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. There are no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. There is no documentation of any attempt at a therapy program or medication treatment. Treating physician has potential plans for surgery however the patient already had a recent MRI that cannot be obtained for review by the physician. Inability to obtain a recent MRI to determine if surgery may be needed is not a valid reason for a repeat MRI per the Guidelines. MRI of lumbar spine is not medically necessary.