

Case Number:	CM14-0020070		
Date Assigned:	04/25/2014	Date of Injury:	11/24/2009
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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 39-year-old male who injured his low back on 11/24/09 while restraining a combative minor on two separate occasions. It was reported that the injured worker has been treated with physical therapy, aquatic therapy and medications to include Soma and Norco. It was reported that the injured worker underwent MRI of the lumbar spine on 06/14/10 that revealed degenerative changes at lumbar spine (L4-5) with a 3-4 millimeter disc protrusion; no nerve root impingement. An electrodiagnostic study (EMG/NCV) of the bilateral lower extremities dated 07/19/10 revealed isolated chronic innervation to the left peronius longus muscle involving only one L5 through S2 innervated muscle that prevented specification of the spinal level of involvement; lack of nerve conduction velocity (NCV) findings were likely due to patient's excessive weight.

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: Upheld

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

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 chapter, MRIs (magnetic resonance imaging).

Decision rationale: TThe previous request was denied on the basis that given the documentation submitted, there was no clear specific nerve root findings on examination. Moreover, there was no evidence of progression of the injured workers presentation when comparing the 05/09/11 progress report to the 01/10/14 progress report. Therefore, the request did not appear to be medically reasonable and does not meet guidelines for MRI lumbar spine. There was no additional information that would indicate a new acute injury or exacerbation of previous symptoms. There were no signs of increased motor strength weakness, decreased reflex or sensory deficits. There were no additional 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI to lumbar spine is not established. The request is not medically necessary.