

Case Number:	CM14-0021194		
Date Assigned:	04/04/2014	Date of Injury:	05/06/2012
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesia, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 73-year-old male who reported a repetitive strain injury on 05/06/2012. Current diagnoses included grade I spondylolisthesis, lumbar degenerative intervertebral disc, low back pain, lumbar stenosis, sciatica, and lumbosacral spondyloarthritis. The injured worker was evaluated on August 7, 2013. The injured worker reported persistent lower back and right knee pain. Physical examination of the lumbar spine revealed 10 to 20 degree lateral bending, 10 to 20 degree extension, a normal gait, normal motor strength in all muscle groups bilaterally, and intact sensation with the exception of the lateral right calf. Treatment recommendations included authorization for an updated 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with suspicion for red flags, uncomplicated low back pain with radiculopathy after one month of conservative therapy, and myelopathy. The injured worker does not appear to meet criteria for the requested service. The injured worker previously underwent an MRI of the lumbar spine on September 17, 2012. There is no documentation of a progression or worsening of symptoms or physical examination findings that would warrant the need for a repeat MRI. There is no evidence of a significant neurological deficit. There is no documentation of at least one month of conservative treatment prior to the request for a repeat MRI. The medical necessity has not been established.