

Case Number:	CM14-0024076		
Date Assigned:	07/02/2014	Date of Injury:	05/18/2005
Decision Date:	08/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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:

Patient is a 54 year-old male with date of injury 05/18/2005. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/08/2013, lists subjective complaints as pain in the low back. Pain is described as "grinding, with radiation up the spine, down the leg, and weakness". Objective findings: Examination of the lumbar spine revealed chronic antalgic gait, and decreased range of motion due to pain in all planes. Weakness and decreased sensation were noted in the left leg. Difficulty with toe walking. Cannot heel walk. Left extensor hallucis longus, dorsiflexion, and plantar flexion weakness with decreased sensation. Diagnosis: 1. Cervicalgia. 2. Cervical degenerative disc disease, status post cervical anterior cervical fusion, 3. Bilateral cervical radiculopathy. 4. Low back injury, status post discectomy-male with decreased functional status, radicular signs and symptoms, these are worsening. 5. Increased psycho-social stressors. 6. Status post bladder tumor surgery 03/13/2012. Patient's previous treatments were medications, TENS, HEP, PT, and lumbar discectomy (date not stated in records). Patient has already undergone an in 2012 which was consistent with the patient's symptoms, though the results were not discussed in detail. The patient obtained a self-procured MRI of the lumbosacral spine and thoracic spine. The medical record does not contain a report of either MRIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The physician states that the weakness is a new finding in the extensor hallucis longus and in dorsal/plantar flexion. The new onset of weakness in a lower extremity, warrants a new MRI. I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary.