

Case Number:	CM14-0024219		
Date Assigned:	06/11/2014	Date of Injury:	03/27/2011
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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 Physician 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 37 year old female who reported an injury on 03/27/2011 while picking up clothing off the floor at work. The injured worker had a history of lower back pain that is present while sitting, standing or walking, numbness in the bilateral toes, sharp pain in the back with stabbing discomfort to the legs, bilateral hand numbness, depression and anxiety. Upon examination on 01/15/2014, the injured worker had no particular revealing documentation. There is diffuse, non-localized weakness and unexplained numbness in the bilateral hands. The injured worker had a diagnosis of lumbar surgery approximately 1 years ago unspecified. The treatments were chiropractic care, medications in the past, and lumbar surgery unspecified. The medications were Tramadol, Xanax, and Zoloft. The treatment plan is for MRI lumbar spine with and w/o gadolinium. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITH AND W/O GADOLINIUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for is MRI lumbar spine with and w/o gadolinium. The injured worker had a history of low back pain. The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve root dysfunction should be considered before ordering an imaging study. The injured worker had an MRI of the cervical spine and prior lumbar surgery with no documentation provided for this report. There is lack of documentation of any x-ray(s). With lack of documentation there was no way to evaluate the need for another MRI at this time. As such, the request is not medically necessary.