

Case Number:	CM14-0024439		
Date Assigned:	06/11/2014	Date of Injury:	09/24/2009
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 57-year-old male injured in September 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note indicated that there were ongoing complaints of low back pain as the knee issues were nearly totally resolved. The physical examination, completed in February, 2014 demonstrated the ability to heel and toe walk, knee flexion of 110 and no specific neurological compromise was reported. Diagnostic imaging studies reported the following findings of HNP (Herniated Nucleus Pulposus) and radicular compromise. Previous treatment included multiple medications and surgical intervention for the knee. A request had been made for a repeat MRI of the lumbar spine and apparently was not certified in the pre-authorization process; however, there is uncertainty of the date.

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 W/O DYE: Upheld

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

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

Decision rationale: An MRI of the lumbar spine was completed in January 2014. Multiple level degenerative changes were identified with a spinal stenosis, degenerative disc and degenerative changes of the spine. There were ongoing complaints of low back pain with no changes on physical examination to suggest the need for a repeat enhanced imaging study. Therefore, this request is not medically necessary. There were compromised bilateral L5 nerve roots that have been objectified. There was also no finding subsequent to the January 31, 2014 assessment that would warrant a repeat study. Therefore, the request for MRI of the lumbar spine without dye is not medically necessary and appropriate.