

Case Number:	CM14-0025662		
Date Assigned:	06/13/2014	Date of Injury:	04/15/1987
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, 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:

The injured worker is an 83-year-old male who reported an injury on 04/15/1987 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/09/2014, the injured worker continued to complain of significant and severe pain in his low back, which radiated down his right buttock, posterior lateral thigh, and lateral calf, all the way down to his great toe. Prior treatments included medications. The injured worker's pain level status was rated 7- 9/10. The physical examination revealed a normal straight-line gait, difficulty with heel-toe standing, and diminished sensation to the right posterior lateral calf. The diagnoses included low back pain with right lower extremity sciatica in the setting of multilevel lumbar disc degeneration and a history of foraminal stenosis. The treatment plan included a request for a current MRI due to it being quite some time since the previous MRI. It was noted that an MRI would help guide in the treatment plan. It was also noted that the injured worker had kidney disease and avoided pain medications. It was also noted that the injured worker might benefit from an epidural injection or nerve block, depending on the MRI examination. The request for authorization for an MRI of the lumbar spine without contrast for sciatica to the low back was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST LUMBAR SPINE: 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 an MRI without contrast of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on a neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In the clinical notes provided for review, there is no documentation of neurological or functional deficits warrant the indication for a MRI. There is also no documentation of the previous date of the MRI. Therefore, the request for an MRI without contrast to the lumbar spine is not medically necessary.