

Case Number:	CM14-0025847		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2004
Decision Date:	08/07/2014	UR Denial Date:	02/27/2014
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 underlying date of injury in this case is 11/08/2004. The patient's diagnoses include lumbar facet syndrome, lumbar radiculopathy, lumbar disc disorder, cervical radiculopathy, and low back pain. The patient was seen in primary treating physician follow up 01/16/2014. The patient reported that pain medications remained helpful. The treating physician noted the patient had a referral pending to a spine surgeon for evaluation and treatment of the low back given increased low back pain for one month with numbness and tingling down the leg. An MRI (magnetic resonance imaging) of the lumbar spine was pending. The patient was pending MRI given reports of increased numbness and tingling down her left leg. The patient was using platform walker for prolonged ambulation. Motor strength of the patient's knee extensors was 4/5 on the right and 5/5 on the left. The knee reflexes were 4/5 on the right and 5/5 on the left. Prior MRI of the lumbar spine of 01/16/2003 demonstrated multilevel disc space narrowing with protrusions and degenerative disc disease at multiple levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine without contrast, Qty: 1:00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The ACOEM Guidelines recommend MRI imaging when red flag factors are present such as suspicion of cauda equina syndrome, infection, or fracture. In this case, neither these findings nor a specific change in the neurological exam is documented. Overall the records are not clear in terms of the patient's current versus prior status. It is not clear how the patient's differential diagnosis is felt to have changed currently versus the patient's chronic presentation. At this time, the medical records do not support an indication for the requested MRI (magnetic resonance imaging) of the lumbar spine. As such, the request is not medically necessary and appropriate.

Refer to spine surgeon [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: The ACOEM Guidelines state that the occupational health practitioner may refer to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan of care may benefit from additional expertise. In this case, the medical records do not clearly provide details at this time in terms of how this patient's clinical presentation has changed to support an additional or new consultation in this current chronic time frame. Furthermore, the request is not supported by the ACOEM guidelines. Therefore, the request is not medically necessary and appropriate.