

Case Number:	CM14-0027405		
Date Assigned:	06/13/2014	Date of Injury:	11/04/1999
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 61 year old female who was trying to lift a large patient (weighing in excess of 300 pounds) who was found lying on the floor on November 4, 1999 when she injured her back. The patient felt a snap in her low back and then a stretching and pulling feeling in the back that radiated to her neck and left shoulder. Over the following years her back pain has worsened with associated lumbar radiculopathy and bilateral lower extremity numbness. The patient walks with an assistive device (cane) because of intermittent 'giving out' of her knees. The most recent PR-2's (progress reports dated 01/23/2014 and 01/29/2014) preceding the Utilization Review documents "Follow up cervical spine, lumbar spine. Patient states no change since her last visit and she continues with pain in the lumbar spine and the cervical spine as well as continues with constant weakness to bilateral legs." In dispute is a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf.

Decision rationale: From the American College of Radiology (ACR) appropriateness criteria: “MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a CT scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord”. Although there is subjective weakness of the patient’s bilateral legs, an appropriate physical examination should accompany the subjective portion of any initial or follow up provider note. Due to the lack of documentation, it is not known if the objective findings support the subjective claim. This request for a lumbar MRI cannot be authorized at this time.