

Case Number:	CM14-0027591		
Date Assigned:	06/13/2014	Date of Injury:	10/30/2012
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 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 55 year old male who was involved in a rear ending motor vehicle accident in which he sustained injuries to his low back. Treatment to date includes chiropractic, acupuncture x 12, lumbar epidural steroid injections at L4-5 on 05/20/13 and 10/20/13, and oral medications. MRI of the lumbar spine dated 02/20/13 notes an anterolisthesis of L4 relative to L5 with a posterior disc bulge noted. There is moderately severe bilateral stenosis. A disc protrusion abutting but not compressing the exiting right L4 nerve root was noted. At L3-4, there is degenerative disc disease with moderate bilateral stenosis at L2-3. The records indicate the injured worker was seen by an orthopedic surgeon on 01/06/14 at which time he notes that sensation is intact, positive left straight leg raise at 90 degrees, and motor strength is graded as 4/5 bilaterally with left ankle reflexes 1+. The orthopedic surgeon subsequently requested a copy of the MRI study dated 02/20/13. Two days later the injured worker was seen by a pain management specialist on 01/08/14. At this time, he is reporting decreased sensation in the left L4, L5, and S1 distributions. Motor strength is reported to be reduced and graded as 4/5 on the left and deep tendon reflexes were equal. The record contains a utilization review request dated 02/17/14 in which a request was made for an MRI of the lumbar spine without contrast which was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST: 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..

Decision rationale: The request for an MRI of the lumbar spine without contrast is not supported as medically necessary. The available clinical records indicate that the injured worker has a chronic history of low back pain with subjective complaints of radiation to the lower extremities. He has undergone extensive treatment without apparent benefit. There is no indication from the record that the injured worker has a progressive neurologic deficit and there is a clear disparity between the physical examination dated 01/06/14 and those reported on 01/08/14. The examination performed on 01/06/14 is notable for intact sensation and decreased lower extremity motor strength graded as 4/5 while the examination dated 01/08/14 reports global loss of sensation in the left lower extremity in conjunction with motor strength loss. Given the widely variant physical examinations and noting the lack of evidence establishing a progressive neurologic deficit, a repeat MRI of the lumbar spine would not be supported as medically necessary per ACOEM and Official Disability Guidelines.