

Case Number:	CM14-0032289		
Date Assigned:	06/20/2014	Date of Injury:	10/19/2009
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 General Surgery 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 60-year-old claimant with a reported date of injury of 10/19/2009. The biomechanics of the original injury is not discussed in the materials available for review. The claimant has neck, low back and right upper extremity pain and symptoms. The claimant has had cervical spine surgery in November of 2013 and lumbar decompression and fusion L34, L45 in 2012. The most recent primary diagnoses proposed are brachial neuritis, lumbago and cervical disc degeneration. The recent physical exams on 2/25/14, 1/17/14 and 12/17/13 reveals no neurologic deficits, no motor or sensory losses or weakness of deep tendon reflexes (DTR) of the lower extremities. This is in contradistinction with the examinations by another treating physician's exams performed on 12/13/13 and 1/7/14 exams which documents loss of sensation in Left L5 dermatome, reduced Left ankle reflex and motor exam with decreased 4/5 strength of the Left ankle and Left toe extensor. It's not clear whether any deficits preexisted the date of injury as a consequence of lumbar surgery or if any neurologic deficits are a recent finding. There has been a request for MRI of the lumbar spine and computed tomography (CT) scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRI.

Decision rationale: There are differences of documentation as to neurologic deficits, motor, sensory or deep tendon reflexes (DTR) losses documented. The most recent exam on 2/25/14 shows a normal exam. The ACOEM guidelines recommend imaging if there are any "red flags" to warrant further investigation of imaging. The Official Disability Guidelines (ODG) recommends that there be "unequivocal objective findings" in order to support further investigation or imaging. Therefore, the request for MRI (magnetic resonance imaging) scan of the lumbar spine is not certified.

CT SCAN FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Computed Tomography scan.

Decision rationale: There are differences of documentation as to neurologic deficits, motor, sensory or deep tendon reflexes (DTR) losses documented. The most recent exam on 2/25/14 shows a normal exam. The ACOEM guidelines recommend imaging if there are any "red flags" to warrant further investigation of imaging. The Official Disability Guidelines (ODG) recommends that there be "unequivocal objective findings" in order to support further investigation or imaging. Therefore, the request for computed tomography (CT) scan of lumbar spine is not certified.