

Case Number:	CM14-0035234		
Date Assigned:	06/25/2014	Date of Injury:	10/30/2012
Decision Date:	07/25/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Pain 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 51 year old male who sustained an injury to his low back on 10/30/12 due to cumulative trauma performing his usual and customary duties as a plumber; he was required to lift and carry heavy tools. The injured worker subsequently developed pain in the back, left upper extremity, and left foot. Physical examination noted lumbar spasm, tenderness, antalgic gait, decreased lower extremity reflexes; left foot unable to perform left sided toe/heel walk. The injured worker experienced increased pain with prolonged sitting of less than 5 minutes, prolonged standing of greater than 20-30 minutes, and prolonged walking of greater than 20-30 minutes. The injured worker was unable to sleep prone or supine without increased low back pain. Physical examination of the lumbar spine noted mild discogenic scoliosis; forward flexion with mild spasm at 15 degrees, extension 5 degrees; tilt to the right and left was 10 degrees with pain and discomfort; stress at the sacroiliac joints; decreased lower extremity reflexes; some tenderness to sensation in the L4, L5, and L1 distribution; some mild motor weakness of the bilateral lower extremities; painful hip and knee range of motion, but loss of knee or hip range of motion. The injured worker was diagnosed with L4-5 and L5-S1 disc herniation with bilateral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for a magnetic resonance image (MRI) of the lumbar spine is not medically necessary. The records indicate that the injured worker underwent a MRI of the lumbar spine dated 04/07/14. There was no report of a new acute injury or exacerbation of previous symptoms since the previous study was performed. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study at this juncture. Given this, the request for a MRI of the lumbar spine is not indicated as medically necessary.

Re-evaluation in 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: The request for a reevaluation in 6 weeks is not medically necessary. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon review of the injured worker's concerns, signs, and symptoms, clinical stability, and reasonable physician judgment; however, given that the concurrent request for an magnetic resonance image of the lumbar spine was not medically necessary, the request for reevaluation in 6 weeks is also not indicated as medically necessary.