

Case Number:	CM14-0035703		
Date Assigned:	06/23/2014	Date of Injury:	12/03/2009
Decision Date:	08/08/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The patient is a 39-year-old male who sustained a work related injury on 12/03/2004 as a result of repetitive heavy lifting, twisting and bending which resulted in his pain complaint. Since then the patient has had a complaint of lower back pain. He has been diagnosed with spinal enthesopathy, lumbago, sacroilitis and chronic pain syndrome. A review of provided progress reports documents that he primarily complains of lumbar spinal and bilateral leg pain that worsening and that his medications are not working well. He is currently taking Percocet for pain relief. His neurologic review of systems documents tingling in his feet on 2/07/2014. Physical exam of the lumbar spine demonstrates trigger points at the upper outer quadrant of the buttocks, diffuse tenderness present with mild spasm noted. It was noted that the it was mild to moderate pain upon extension maneuvering and axial loading, minimal discomfort with lateral bending without pain production during twisting (rotational) movement. Paraspinal muscle strength and tone within normal limits. Straight leg raise negative bilaterally without appreciable motor loss; however, documented 'physiologic patella and diminished ankle reflex' is noted. A lumbar MRI dated 11/7/12 demonstrates finding of irregular contours to the endplates throughout the lumbar spine per the [REDACTED] intake form dated Aug 6, 2013. Per the [REDACTED] progress reported dated Oct 2, 2013, a request for repeat Lumbar MRI made as they do not have the results from 11/7/12 available. In dispute is a decision for a lumbar MRI without contrast.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The lumbar MRI 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 the patient expresses a subjective complaint of tingling in his feet as part of the review of systems, his physical examination does only identify a diminished ankle reflex. Rather than obtain a copy of the MRI obtained a little over a year before, a request for a new one is made primarily based on missing the documentation of the obtained MRI dated 11/7/12. Due to the lack of more extensive neurological findings on physical examination, I find the requested study is not currently medically necessary.