

Case Number:	CM14-0036075		
Date Assigned:	06/23/2014	Date of Injury:	10/23/2008
Decision Date:	08/07/2014	UR Denial Date:	03/17/2014
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 Orthopedic Surgery and is licensed to practice in California. 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 60 year old male injured while mopping on October 23, 2008. The patient has chronic low back pain with diminished sensation of bilateral lower extremities. Records from the primary treating physician dated September 2013 to May 2014 were reviewed. An MRI performed on December 17, 2008 demonstrated degenerative disc disease with bulges at L4-5 and L5-S1 as reported by her primary treating physician. A NCV/EMG of bilateral lower extremities performed on February 20, 2014 demonstrated mild, non-denervating right sensory dorsal L5-S1 radiculopathy. The request is for an MRI 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 of the lumbar spine: 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): 303-304.

Decision rationale: An MRI of the lumbar spine was requested on February 27, 2014 by the injured worker's primary treating physician. Reviewing 10 progress notes from the primary treating physician dated September 19, 2013 to May 1, 2014, the patient's objective findings of

the lumbar spine did not change over the course of nine months. It is noted that the patient had normal gait, did not use ambulatory assistive devices and walked at normal speed. The lumbar spine range of motion, lower extremity sensation, motor strength, and palpation also remained the same. The NCV/EMG of the lower extremities dated February 20, 2014 demonstrated a mild sensory radiculopathy of the right lower extremity. There is no documentation of a change in symptoms, or red flag findings to warrant further imaging. There is also no documentation of conservative care for lumbar spine/low back pain. The request for a lumbar spine MRI is not medically necessary at this time.