

Case Number:	CM14-0041076		
Date Assigned:	06/30/2014	Date of Injury:	08/10/1989
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/08/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 78 year-old male was reportedly injured on August 10, 1989. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 4, 2014, indicates there are ongoing complaints of neck and back pain. The physical examination demonstrated a 6 foot, 205 pound borderline hypertensive (137/87) individual in no acute distress. Motor function was 5/5, sensory function is noted to be decrease in the left C5-C6 dermatome. Diagnostic imaging studies include a cervical spine MRI completed in February 2014 noting multiple level degenerative changes. Neural foraminal narrowing is also noted. Previous treatment includes medications and conservative care. A request was made for MRI lumbar spine and was not certified in the pre-authorization process on March 18, 2014.

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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure.

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

Decision rationale: The request being addressed is for a lumbar spine MRI. The single progress note presented indicates complaints of neck pain, changes on physical examination relative to the cervical spine and that a cervical spine MRI was completed several months ago. In that there is no discussion of lumbar complaints, increasing neurologic deficit or any other parameter, there is simply no data presented to support the medical necessity of a lumbar MRI. Therefore, this request is not medically necessary.