

Case Number:	CM14-0045510		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2013
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 40-year-old male who reported an injury on 01/30/2013, who reportedly fell 8 feet to the concrete. He sustained injury to his ring finger, little finger and right arm. The injured worker's treatment history included medications, x-ray, and MRI studies. The documentation provided 12/07/2013 the injured worker had undergone MRI of the spine on 08/08/2013, 08/22/2013, and 10/21/2013 revealed L5-S1 there was disc degeneration with disc space narrowing. There was disc profusion centrally on the left. It abuts the left S1 nerve root within the spine and displaces it posteriorly. There was narrowing on the left lateral recess. Mild narrowing on the left neural foramen was seen. MRI studies were not submitted for this review. The injured worker was evaluated on 03/05/2014, and it was documented the injured worker complained of low back, and persistent right elbow pain. The physical examination of the lumbar spine revealed deep tendon reflexes; right/left Achilles and Patella was positive x2 and intact sensation. Decreased range of motion noted with pain on motions. There was a positive straight leg raise test noted on the left side at 6 degrees. There was a positive Kemp's, Milgram's, and valsalva noted bilaterally. Diagnoses included post-operative right elbow reconstruction, and lumbar spine myoligamentous injury and rule out herniated nucleus pulposus. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/LOW BACK, MRIS (MAGNETIC RESONANCE IMAGING).

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

Decision rationale: The request for the Magnetic Resonance Images (MRI) of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. It was also documented; the injured worker obtained a MRI 10/21/2013 that revealed previous findings on the other 2 MRI's previously noted. In addition, the documentation failed to provide MRI studies. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change from his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is a lack of documentation to verify the failure of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.