

Case Number:	CM14-0046823		
Date Assigned:	07/16/2014	Date of Injury:	01/18/2013
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 Diagnostic Radiology, has a subspecialty in Neuroradiology 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:

This is a 56-year-old male who sustained a work related low back injury on 1/18/2013. Review of his medical records show he has had low back pain as far back as 1998. He had two work related low back injuries in 2004 and 2011 at other workplaces. He has had at least 6 x-rays (last one on 9/4/2013) and 6 MRIs of his lumbar spine (last one on 11/28/2011) and multiple sessions of Chiropractic, Physical therapy and Epidural injections. Review of the medical imaging reports reveals no evidence of fracture or dislocation with mild gradual progression of the degenerative disc disease and degenerative facet joint process. There is marginal end plate osteophyte formation at L5-S1 level with moderate encroachment of bilateral neural foramina and disc space narrowing. His past medical history also includes diabetes, congestive heart failure (CHF), hypertension and hepatitis C. He is on multiple medications for pain and other medical problems. On his last visit to an orthopedic surgeon (back specialist) on 2/26/2014, the patient complained of low back and intermittent right leg pain. The physical examination revealed +2 paraspinal muscle spasm and tenderness. Neurological exam and straight leg raising test were negative. Flexion, extension and lateral bending show no significant limitation of motion. Another MRI of the lumbar spine was requested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-310, table 12-4 page 297 and table 12-8 page 308, Chronic Pain Treatment Guidelines Low back pain Page(s): 12-14.

Decision rationale: Based on the given clinical history and recent medical examination as well as review of the prior medical imaging reports, there are no red flag signs to require another set of imaging. The clinical symptoms are stable, there is no report of new or worsening of the neurological examination, the sensory and motor exams are stable and recent x-ray and MRI study reports show no significant changes from prior exams. According to the above noted guidelines, a new MRI of the lumbar spine is therefore not medically necessary.