

Case Number:	CM14-0047812		
Date Assigned:	07/02/2014	Date of Injury:	10/08/2010
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 49 year old male who sustained an injury to his low back on 10/08/10 while in a reverse and twisted position looking toward the back. He slammed his truck hard into a trailer. There were no recent imaging studies provided for review. However, a magnetic resonance image of the lumbar spine dated 06/07/12 revealed multilevel disc degeneration from L1 through S1 causing stenosis of the lateral recess and the foramina at L3-4, L4-5 and L5-S1. There is severe lateral recess and foraminal stenosis and moderate centrally at these levels. An electromyogram/nerve conduction velocity of the bilateral lower extremities dated 09/05/12 revealed bilateral right greater than left first sacral nerve root; to a lesser extent, the bilateral fifth lumbar nerve roots. Treatment to date has included medication management, three physical therapy visits which made his symptoms worse and crutches. The injured worker also underwent an epidural steroid injection in July of 2012 which afforded no benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: It was noted that the prior study would already account for the injured worker's symptomatology. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat MRI. Given this, the request for one MRI of the lumbar spine is not indicated as medically necessary.