

Case Number:	CM14-0061626		
Date Assigned:	07/09/2014	Date of Injury:	05/19/2011
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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, and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 05/19/2011 after stepping backwards and tripping over one of his students, resulting in a fall. The injured worker had a history of lower back and right rib pain, with diagnoses of lumbosacral neuritis and lumbar radiculopathy. The diagnostics revealed an MRI of an unknown date and results. The injured worker also had a laminectomy at the L3-4 with a right microdiscectomy of an unknown date. The medication included hydrocodone/ASAP 10/325 mg. There was no prior treatment plan available for review. The objective findings of the lumbar spine dated 06/23/2014 revealed an antalgic gait with a stiff posture; tenderness to palpation to the L5-S1 on the right; a range of motion with a flexion of 40 degrees, extension of 15 degrees, and right and left rotation at 30 degrees; a positive straight leg raise bilaterally; strength to the left leg was 5/5; deep tendon reflexes were 2+ symmetrically. The treatment plan included consultation/referral for surgery, and physical medicine services to include physical therapy, manipulation, and acupuncture. The rationale for the MRI was not provided.

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 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & thoracic (acute & chronic).

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

Decision rationale: The request for the MRI of the lumbar spine, quantity of 1, is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve components on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery as an option. The documentation was not evident that the injured worker had had physical therapy. The clinical note dated 06/23/2014 revealed no significant objective findings warranting an MRI to the lumbar region. Therefore, the request is not medically necessary.

MRI of the thoracic spine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & thoracic (acute & chronic).

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

Decision rationale: The request for an MRI of the thoracic spine, quantity of one, is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve components on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery as an option. The documentation was not evident that the injured worker had had physical therapy. The clinical note dated 06/23/2014 no objective findings were obtained. Therefore, the request is not medically necessary.

MRI of the cervical spine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-0179.

Decision rationale: The request for an MRI of the thoracic spine, quantity of one, is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve components on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery as an option. The documentation was not evident that the injured worker had had physical therapy. The clinical note dated 06/23/2014 no objective findings were obtained. Therefore, the request is not medically necessary.