

Case Number:	CM14-0064905		
Date Assigned:	07/11/2014	Date of Injury:	04/11/2013
Decision Date:	09/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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 58 year old male with complaints of low back pain, left lower extremity pain, left hand numbness and aching pain left wrist. Date of injury is 4/11/13 and the mechanism of injury is fall injury from 9 feet off the ground leading to his current symptoms. At the time of request for MRI of the lumbar spine without contrast, there is subjective (low back pain, left leg pain) and objective (gait is documented as "limp", scars left wrist/hand, left hip, neurological exam states grossly normal without deficits, no evidence of radiculopathy documented on examination by requesting physician) findings. Imaging findings from exam note dated 2/17/14 include X-ray of the lumbar spine that reveals 50% loss of vertebral height L2 compression fracture, X-rays of the left wrist and hip, 4/11/13 CT cervical spine shows degenerative changes C4/5,C5/6, CT lumbar spine 4/11/13 25-30% anterior compression fracture of the L2 vertebral body, non displaced fracture of the left L2 transverse process, and minimal posterior disc bulging throughout the lumbar spine. Diagnoses includes L2 compression fracture, left peri-trochanteric femoral fracture, open dislocation of the left wrist, and left sensory ulnar neural injury. Treatment to date includes left wrist surgery, left hip surgery, and physical therapy. MRI may be considered in cases of acute low back pain in the setting of worsening neurological deficits, cases of subacute and chronic radicular pain syndromes that are not improving and surgery is being considered, or in certain select cases to rule out certain pathology unrelated to the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o Dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Per ACOEM guidelines, MRI may be considered in cases of acute low back pain in the setting of worsening neurological deficits, cases of subacute and chronic radicular pain syndromes that are not improving and surgery is being considered, or in certain select cases to rule out certain pathology unrelated to the injury. Unfortunately, there is no clinical evidence in the medical records provided to support any of these indications. Therefore, the request for MRI of the lumbar spine is not medically necessary.