

Case Number:	CM14-0077342		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2011
Decision Date:	09/24/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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:

Patient is a 59 year-old male with date of injury 05/19/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/24/2014, lists subjective complaints as pain in the low back with radicular symptoms to the left thigh and foot. Objective findings: Examination of the lumbar spine revealed decreased range of motion and tenderness to palpation of the paraspinal muscles. Seated straight leg raise test reproduced low back pain bilaterally. Motor exam: Left knee extension 3+/5, left foot dorsiflexion 4/5, rest of lower extremities 4+/5. Sensation to light touch was decreased in the left lower extremity. Patient has had bilateral L4-5 epidural steroid injections on 08/30/2012 and 01/17/2013. MRI of the lumbar spine dated 11/27/2013 documented disc bulges and protrusions seen throughout the mid to lower lumbar spine particularly at L3-4 and L4-5 where there was central spinal canal stenosis and neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without contrast: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The patient's previous MRI of the 11/27/2013 showed extensive degenerative changes seen as disc bulges and protrusions. There was central canal stenosis and neural foraminal stenosis at L3-4 and L4-5 in addition to a chronic compression fracture at L4. The patient has sustained no new injury since the last MRI, and exhibited no new symptoms. The medical record fails to document sufficient findings indicative of nerve root compromise therefore, this request is not medically necessary.