

Case Number:	CM14-0080356		
Date Assigned:	07/18/2014	Date of Injury:	10/27/2006
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal 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:

The injured worker is a 59 year old male who sustained an injury to his low back on 10/27/06. The mechanism of injury is undisclosed. There was no recent imaging study provided for review; however, an unofficial MRI dated 2012 reportedly revealed some edema around the endplates of the L5 to S1 level with disc space narrowing and foraminal stenosis; all other lumbar discs showed loss of T2 weighed signal. Treatment to date has included activity modification, multiple injection therapy and medication management. Clinical note dated 04/23/14 reported that the injured worker continued to complain of low back pain and rated the pain as very severe. He stated that he still requires assistance, but is able to manage most of his personal care. Physical examination noted ambulation with a cane; normal motor strength, sensory and reflex systems; back surgery was discussed and it was assessed that the injured worker could expect a success rate of fifty percent improvement, but not complete cure of his low back pain. The injured worker was diagnosed with spinal stenosis of the lumbar region without neurogenic claudication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index (web), low back, MRIs (magnetic resonance imaging).

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: The previous request was denied on the basis that there was no documentation in the medical record of any subjective complaints suggestive of neurological compromise, or any objective findings upon examination that would suggest there is neurological deficit. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. Surgical intervention was discussed, but there was no indication that a surgical procedure was anticipated, no focal neurological deficits on physical examination of any decreased motor strength, increased reflex or sensory deficits, nor additional significant red flags identified that would warrant a repeat study. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary.