

Case Number:	CM14-0083599		
Date Assigned:	06/06/2014	Date of Injury:	12/06/2012
Decision Date:	07/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 55-year-old who reported an injury on December 6, 2012. The mechanism of injury was not provided. The injured worker stated on March 24, 2014 while attending physical therapy having a significant amount pain on his left leg. On the physical examination, the injured worker stated there was pain with range of motion and muscle spasms. Lumbar spine range of motion was noted as flexion 20% of normal and extension 10% of normal. The deep tendon reflexes were a positive 2 bilateral knee flexes, straight leg raise was positive on the left 40 degrees and on the right side at 90 degrees. The injured worker Waddell signs were negative. On May 22, 2014 the injured worker had complaints of left leg pain that radiated all the way down to his left foot and big toe. He also stated that he had intermittent pain in his low back as well. The injured worker underwent surgery back in November 27, 2013 of the lumbar hemilaminotomy, left L4-5 and L5-S1. The diagnoses of the injured worker were listed as rule out current disc herniation and status post lumbar laminectomy on the left L4-5 and L5-S1. Medications included Percocet, Cymbalta and Lyrica. The treatment plan included a magnetic resonance images with and without contrast of the lumbar spine. The provider requested an MRI of the lumbar spine to further evaluate the injured worker's low back pain. There was no authorization form submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES WITH AND WITHOUT CONTRAST LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a recurrent herniation. Furthermore, the injured worker's physical examination findings are consistent with his diagnosis of disc herniation. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is a lack of documentation to verify the failure of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. The request for magnetic resonance images with and without contrast lumbar spine is not medically necessary or appropriate.