

Case Number:	CM14-0091955		
Date Assigned:	07/25/2014	Date of Injury:	09/02/2011
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiologist has a subspecialty in Pain Medicine 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 56-year-old male who sustained an injury to his low back on 09/02/11 due to cumulative trauma while performing his usual and customary duties as a driver; he stepped on the brake pedal and noticed pain from his left foot up to his mid buttock area. MRI of the lumbar spine without contrast dated 07/02/13 revealed epidural lipomatosis and congenitally shortened pedicles contributing to the spinal canal stenosis with interval mild decrease in size of the disc extrusion at L4-5. Clinical note dated 02/21/14 reported that the injured worker continued to complain of low back pain with radiculopathy to the left lower extremity. The injured worker described his pain as aching, occasionally sharp, and stabbing that varied in intensity and was present all the time. There was complaint of numbness and tingling and weakness in the left lower extremity; clinical note dated 04/08/14 reported that the injured worker continued to complain of low back, bilateral knee, left ankle, and foot pain worsened over the past few days. Physical examination noted ambulation with cane; tenderness to palpation over midline of entire lumbar spine; bilateral paraspinals at those levels; left buttock and posterior iliac spine pain; pain at all extremes of lumbar range of motion; range of motion decreased in all planes; Faber positive on the left for low back pain with pain in the groin on the left; hip range of motion on the left decreased in flexion, abduction, and external rotation. Right knee had small effusion, diffuse tenderness to palpation over the knee, except the lateral joint line; tight lateral retinaculum and peripatellar mobility was slightly decrease extension was to zero degrees and flexion 110 degrees with moderate popping throughout arc of motion; McMurray's positive for pain. Aquatic therapy made the pain worse and the injured worker was not an ideal candidate for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for MRI of the Lumbar Spine Between 5/27/14-7/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index, 11th Edition (Web), 2013, Low Back, MRI (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: Previous request was denied on the basis that the injured worker was shown to have had previous MRI on 07/02/13. Specific documentation would need to show significant progress in neurological deficits or symptoms since the time of his previous MRI. As clinical notes were not provided to correlate with his MRI findings on 07/02/13, it was unclear whether the injured worker experienced significant change in clinical findings. Therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no 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.