

Case Number:	CM14-0092502		
Date Assigned:	07/25/2014	Date of Injury:	06/20/2012
Decision Date:	09/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Nevada. 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on June 20, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 7, 2014, indicates that there are ongoing complaints of low back pain radiating to the left greater than right lower extremity. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness along the lower lumbar spine at the lumbosacral junction. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed multilevel spondylosis and disc degeneration and a broad-based disc protrusion at the L3 - L4, L4 - L5, and L5 - S1. A CT myelogram showed multilevel spinal stenosis and foraminal stenosis. Previous treatment is unknown. A request was made for a lumbar spine MRI and was not certified in the pre-authorization process on May 20, 2014.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, MRI.

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 - Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance Imaging (MRI) (updated 07/03/14).

Decision rationale: According to the Official Disability Guidelines a repeat MRI the lumbar spine only recommended for individuals with a significant change and symptoms or findings suggestive of a significant pathology. According to the progress note dated May 7, 2014, there was a normal neurological examination. Additionally there was a prior MRI of the lumbar spine dated July 31, 2012 and a prior CT myelogram dated July 23, 2013, which do not show any potential nerve root involvement. For these reasons, this request for an MRI of the lumbar spine is not medically necessary.