

Case Number:	CM14-0194640		
Date Assigned:	12/02/2014	Date of Injury:	11/13/1995
Decision Date:	01/28/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency 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 58-year-old male, who sustained an injury on November 13, 1995. The mechanism of injury occurred from a motor vehicle accident. Diagnostics have included: lumbar discogram reported as positive at L5-S1. Treatments have included: C6-7 discectomy/fusion, physical therapy, medications. The current diagnoses are: s/p cervical discectomy/fusion, discogenic back pain. The stated purpose of the request for MRI Lumbar Spine without Dye was to rule out disc protrusion. The request for MRI LUMBAR SPINE W/O DYE was denied on October 21, 2014, citing a lack of documentation of sufficient positive neurologic deficits. Per the report dated October 7, 2014, the treating physician noted complaints of pain to the neck and low back with radiation to the lower extremities. Exam shows lumbar paraspinal tenderness, positive straight leg raising tests.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

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

Decision rationale: The requested MRI LUMBAR SPINE W/O DYE is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The injured worker has pain to the neck and low back with radiation to the lower extremities. The treating physician has documented shows lumbar paraspinal tenderness, positive straight leg raising tests. The treating physician has not documented deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI LUMBAR SPINE W/O DYE is not medically necessary.