MAXIMUS Federal Services

Case Number:	CM14-0195083		
Date Assigned:	12/02/2014	Date of Injury:	09/05/2013
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Pain 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 66 year old male with a date of injury as 09/05/2013. The cause of injury was not included in the documentation. The current diagnoses include displacement of lumbar intervertebral disc without myelopathy and tear of medial cartilage or meniscus of knee, current. No previous treatments have been prescribed for the current complaints. Prior to this request, the injured worker was released permanent and stable for prior complaints with his neck and had not been seen in the office since May 15, 2014. A primary treating physicians report dated 10/08/2014 was included in the documentation submitted for review. The injured worker presented with complaints that included moderate amount of low back pain, which radiates into the buttocks and thighs. In addition the injured worker also has complaints in both knees with standing and walking. Physical examination of the lumbar spine reveals tenderness and some increased muscle tone through the mid-lower lumbar spine areas, active voluntary Range of Motion (ROM) of the thoracolumbar spine was limited, decreased forward flexion with back pain and decreased lateral bending. Straight leg raise test was slightly positive bilaterally at 50 degrees. Examination of both knees revealed mild knee effusion, pain at the medial joint line of both knees, Apley test was slightly positive on the right. The physician documented that x-rays taken showed slight to moderate degenerative disc disease, but no gross instability, and felt that a Magnetic Resonance Imaging (MRI) of the lumbar spine was necessary in order to determine proper treatment. The injured worker's work status was not made known in the records received. The utilization review performed on 11/06/2014 non-certified a prescription for Magnetic Resonance Imaging (MRI) of the lumbar spine without dye based on lack of documentation to support neurological deficits and no conservative care completed prior to the request for specialized treatment, medical necessity has not been established. The reviewer referenced the ACOEM practice guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (Magnetic Resonance Imaging)

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation of recently failed conservative treatment directed towards the patient's current complaints. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.