

Case Number:	CM14-0195185		
Date Assigned:	12/02/2014	Date of Injury:	02/02/2000
Decision Date:	01/16/2015	UR Denial Date:	11/14/2014
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 61 year-old male with an original date of injury on 2/2/2000. The mechanism of injury occurred while patient was moving a refrigerator. The industrially related diagnoses are displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of the cervical region, spinal stenosis of the lumbar region, spondylolisthesis, and degenerative joint disease of lumbosacral intervertebral disc. The diagnostic workup includes an MRI of the lumbar spine dated on 6/2012, results were not provided. The patient has tried oral pain medication, physical therapy, trigger point injection of lumbar region, and activity modification for pain control. The patient presented with lower back pain described as chronic with right leg numbness and left thigh radicular pain. The disputed issue is the request for lumbar MRI. A utilization review dated 11/14/2014 has non-certified this request. The stated rationale for denial was the clinical information provided indicated the patient presented with normal strength, sensation, and reflexes. There is a lack of documentation regarding VAS pain score. Due to lack of clear documentation, the MRI of the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: A progress note dated on 9/25/2014 indicated the patient has lower back pain that is chronic in nature without change compare to prior progress notes. His clinical exam revealed positive straight leg raise bilaterally with normal sensation, strength, and reflexes in bilateral lower extremities. The patient has had a MRI study of the lumbar spine on 6/2012, however the result was not provided in the documentation submitted. The provider did recommend patient to undergo more core strengthening exercise, however, there is no documentation of functional improvement or if the patient has followed through with these instructions at all. During a follow up visit on 11/4/2014, the provider made no recommendation of alternative treatment plan such as surgical intervention. Given there is no objective findings that identify specific nerve compromise on the neurologic exam, no statement indicating that medical decision-making will be based upon the outcome of the currently requested MRI, the currently requested lumbar MRI is not medically necessary.