

Case Number:	CM14-0196288		
Date Assigned:	12/04/2014	Date of Injury:	07/06/2009
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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 sixty-three year old male who sustained a work related injury on July 6, 2009. A request for an MRI of the lumbar spine without contrast was non-certified by Utilization Review (UR) on November 7, 2014. The UR physician determined that the medical records provided for review did not document subjective complaints or objective physical examination findings about the lumbar spine or neurological findings that would support an MRI of the lumbar spine without contrast. The UR physician utilized the ACOEM Guidelines for low back complaints which indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination would substantiate imaging in patients who do not respond to treatment and who would consider surgery as an option. In addition, the Official Disability Guidelines (ODG) recommends a MRI of the low back when the injured worker has lumbar spine trauma with a neurological deficit. A request for independent medical review (IMR) was initiated on November 16, 2014. A review of the clinical documentation submitted for IMR revealed a diagnosis of mild lumbosacral spondylosis. A physician's evaluation dated October 9, 2014 indicated that the injured worker continued to have pain in the cervical spine with the pain increasing with upward and downward gazing of the neck. The provider documented that the injured worker was working and tolerating his work well. An exam of the cervical spine revealed crepitation with motion, pain with movement and tenderness in the right peri-cervical area with guarding. The provider recommended a cervical MRI for evaluation. There was no documentation provided of subjective or objective findings with relation to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, lumbar spine: Upheld

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

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), MRI without contrast lumbar spine is not medically necessary. The Official Disability Guidelines (ODG) enumerates the indications for magnetic resonance imaging. They include lumbar spine trauma, neurologic deficit; uncomplicated low back pain; radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficit, etc. See guidelines for additional details. In this case, the injured worker's subjective complaints are in the cervical spine with pain on range of motion. The injured worker's diagnoses are small calcified disc herniation C3 - C4; chronic cervical sprain; mild lumbar spondylosis; and small intracranial bleed with temporary loss of memory. There are no clinical findings referable to the lumbar spine. There is no clinical indication of the rationale for an MRI of the lumbar spine. As such, this request is not medically necessary.