

Case Number:	CM14-0198030		
Date Assigned:	12/08/2014	Date of Injury:	10/07/2008
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 & Rehabilitation 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 patient is a 41-year-old male who has submitted a claim for status post L3-L4 surgery associated with an industrial injury date of 10/07/2008. Medical records from 2014 were reviewed. The patient complained of persistent low back pain. Physical examination showed decreased lumbar motion, positive straight leg raise test at the left, and antalgic gait. Treatment to date has included L3-L4 surgery and medications. The documented rationale for MRI is because of increasing pain and positive straight leg raise on examination. The utilization review from 11/11/2014 denied the request for MRI of the lumbar spine because of a lack of documentation concerning functional and neurologic deficits to warrant imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the documented rationale for MRI is because of increasing pain and positive straight leg raise on examination. Treatment to date has included L3-L4 surgery and medications however the patient is still complaining of persistent low back pain. Physical examination showed decreased lumbar motion, positive straight leg raise test at the left, and antalgic gait. However, there is lack of data submitted for review. The specific operation and date performed are not documented. Moreover, there is no comprehensive physical examination that may indicate presence of radiculopathy. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the lumbar spine is not medically necessary.