

Case Number:	CM14-0199520		
Date Assigned:	12/09/2014	Date of Injury:	08/06/1998
Decision Date:	01/26/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 patient with is with reported date of injury on 8/6/1998. Mechanism of injury was not documented. The patient has a diagnosis of lumbosacral sprain/strain, knee/leg sprain/strain and neck sprain/strain. Medical reports reviewed. Last report available until 10/31/14. Patient complains of cervico-thoracic and lumbar pain. Pain is 5-9/10. Low back pain is at pelvic brim radiating to knees bilaterally. Associated with burning and numbness. Worsened by any activity or prolonged sitting or standing. Patient also has knee complaints which are not relevant to this review. Objective exam reveals paravertebral tenderness and trapezius tenderness on R side. Decreased Range of motion(ROM). Lumbar spine with increased lordosis, moderate tenderness to pelvic brim and junction bilaterally. No sciatic notch tenderness, moderate spasms. ROM is decreased and causes pain. R knee exam was reviewed. MRI of lumbar spine was requested for unknown reason. There is no justification noted except that it needs to be "reevaluated". A review of records up to 12/28/12 shows no change in complaint or objective findings. Review of prior records show use of TENS, uses a walker for prolonged distance and taking medications for pain. Medications include Ambien, Lisinopril/HCTZ, Metformin, Spironolactone, Fioricet, Cyclobenzaprine, Iron, Glipizide, Ibuprofen, Nexium, Oxybutynin, Simvastatin, Norco and Xanax. Independent Medical Review is for MRI of lumbar spine. Prior UR on 11/12/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Tesla MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Pain is chronic and unchanged for 2years. MRI of lumbar spine is not medically necessary.