

Case Number:	CM14-0078512		
Date Assigned:	07/18/2014	Date of Injury:	06/12/2002
Decision Date:	03/16/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who reported an injury on 06/12/2002. The mechanism of injury was not stated. Current diagnoses include, lumbar disc displacement without myelography and malfunction of a neuro device. The injured worker was evaluated on 04/17/2014, with complaints of lower back pain. It is noted that the injured worker underwent exploration of the spinal cord stimulator on 02/04/2014. Physical examination revealed an antalgic gait, normal muscle tone in the bilateral lower extremities, decreased strength in the left lower extremity, and limited lumbar range of motion. Treatment recommendations at that time included an MRI of the lumbar spine.

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. Decision based on Non-MTUS Citation Official Disability Guidelines-MRI
http://www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. As per the documentation submitted, the patient recently underwent an MRI of the thoracic spine on 02/28/2014. The injured worker also underwent an x-ray of the lumbar spine on 09/30/2013. There is no documentation of a progression or worsening of symptoms or physical examination findings. There is no indication of the suspicion for any red flags. The medical necessity for the requested imaging study has not been established. Therefore, the request is not medically necessary.