

Case Number:	CM15-0019758		
Date Assigned:	02/09/2015	Date of Injury:	01/19/2006
Decision Date:	04/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73-year-old male sustained a work related injury on 01/19/2006. A Request for Authorization dated 12/12/2014 was submitted for review. The provider requested a MRI of the lumbar spine for the diagnosis of lumbar spine sprain/strain ICD code 847.2. A handwritten progress report dated 12/12/2014 was mostly illegible. The injured worker complained of right knee pain with popping and giving away. He noted unusual difficulty with ambulation. Pain level was rated 6-8 on a scale of 1-10. Physical examination of the lumbar spine revealed tender paraspinals with spasm noted. Diagnoses were illegible. Treatment plan included MRI of the lumbar spine. Utilization review non-certified a request for lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbosacral MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-78; 303-304.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. The recent note (dated Dec 12, 2014) is difficult to read due to hand-written documentation, however, objective exam findings of the lumbosacral region mention tender paraspinal spasm and positive straight leg raise bilaterally, with otherwise no clearly legible findings indicative of specific nerve compromise. There is no evidence of thorough strength/sensory exam, and therefore no objective measure of weakness, atrophy, or persistent neurologic deficit that may warrant operative management. Without further indication for imaging with respect to objective findings different from previous evaluations, the request for repeat MRI at this time cannot be considered medically necessary per the guidelines.