

Case Number:	CM15-0132245		
Date Assigned:	07/20/2015	Date of Injury:	06/13/2009
Decision Date:	08/14/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: California

Certification(s)/Specialty: Emergency 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:

The injured worker is a 61-year-old male who sustained an industrial injury on 06/13/2009. Mechanism of injury was multiple falls tying down loads and climbing up and over loads. Diagnoses include cervical radiculopathy and lumbar radiculopathy, and diabetes. Treatment to date has included diagnostic studies, epidural injections, medications and status post L3-4 and L4-5 laminectomy, medial facetectomy and foraminotomy on 07/08/2009. Medications include Dilaudid, Gabapentin and Ambien. A physician progress note dated 05/07/2015 documents the injured worker complains of low back pain, bilateral leg pain and neck pain. He rates his pain as 6 out of 10. He also complains of blurred vision, constipation which alternates with diarrhea. He has the same neck, back and radicular pain. The Dilaudid helps with the pain; he could not function without it. He walks with an antalgic gait. On examination the cervical spine showed tenderness in midline present throughout the entire cervical spine is severe. No muscle spasm or trigger points present. Extension is restricted with posterior neck pain in the midline which is moderate, and right and left lateral flexion is full with posterior neck pain. The lumbar spine has tenderness in the midline of the entire lumbar spine which is moderate. Range of motion is restricted with pain. Straight leg raising is positive on the right at 45 degrees, sitting. He has constant neck pain which radiates into both arms, and sometimes his hands feel weak and shake. He has constant back pain which radiates to both legs. Last Magnetic Resonance Imaging was in 2009. The treatment plan includes consideration of spinal cord stimulation and a Magnetic Resonance Imaging of the cervical spine. Treatment requested is for 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.

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. Documentation is poor with deficits in documentation neurologic exam or rationale for plans. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. While patient had a prior MRI done years prior (sometime in 2008 and 2009), a repeat of one without any justification is not warranted. There is no documentation of plan for surgery or any specific procedures. Progress note states that there is a consideration for a spinal cord stimulator but there is no documentation of plan or if MRI is for SCS placement planning. There is no justification documented for why MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.