

Case Number:	CM15-0160812		
Date Assigned:	08/27/2015	Date of Injury:	06/06/1996
Decision Date:	09/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 6-6-96. The diagnoses have included degeneration of lumbar intervertebral disc, spasm, undifferentiated somatoform disorder, anxiety and cervical post-laminectomy syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, and other modalities. Currently, as per the physician progress note dated 7-14-15, the injured worker complains of increased low back pain for the past 2 months and worsening left lower extremity (LLE) weakness, numbness and tingling. He also reports persistent fevers despite multiple rounds of antibiotics for a sinus infection. The objective findings-physical exam reveals that the physician notes that he is unable to perform a thorough physical exam due to low back pain, bilateral lower extremity edema and anxiety. The physician notes that the injured worker remains with a serious complex chronic pain condition and complex medical condition. He notes that the injured worker has severe bilateral extremity edema and cannot tolerate land or water physical therapy. He notes that he will also continue to recommend Magnetic Resonance Imaging (MRI) of the lumbar spine for further evaluation of progressively increased back pain and persistent fevers. The physician requested treatment included Open Magnetic Resonance Imaging (MRI) Lumbar Spine as the injured worker gets claustrophobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI 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, Low Back, Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant did not allow an exam. Lower extremity edema and fevers can be due to DVT or cellulitis rather than back pathology. The mention of radicular signs worsening was not supported by any physical findings. The request for an MRI of the lumbar spine is not medically necessary.