

Case Number:	CM15-0032588		
Date Assigned:	02/26/2015	Date of Injury:	02/05/2003
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 55-year-old male who reported an injury on 02/05/2003. The mechanism of injury was the injured worker was blown over by a burst of compressed air while working on the top of a railcar. The injured worker's diagnoses included thoracic or lumbosacral neuritis or radiculitis. The surgical history included a spinal fusion. Other therapies included medications. The medications included Testim testosterone gel 50 gm/5 twice a day, Lyrica capsules 100 mg 3 times a day, Seroquel 100 mg at bedtime, and Zoloft 50 mg 3 times a day, as well as Zanaflex 4 mg 3 times a day. The documentation of 12/05/2014 revealed the injured worker was in the office for medication refill. The pain was a 7-9/10. The physical examination revealed tenderness to palpation in the paraspinous area and decreased range of motion. The treatment plan included medications and a lumbar MRI without contrast. The physician documented after the MRI was reviewed, there would be a consideration requesting a caudal epidural steroid injection versus re-evaluation with spine surgeon. The indication for the MRI was the worsening of neuropathic pain radiating into the legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. While the documentation indicated the injured worker had worsening pain, there was a lack of documentation of myotomal or dermatomal findings to support the necessity for an MRI. Given the above, the request for a lumbar MRI without contrast is not medically necessary.