

Case Number:	CM15-0042763		
Date Assigned:	03/13/2015	Date of Injury:	10/28/2011
Decision Date:	04/20/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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 62 year old male, who sustained an industrial injury on October 28, 2011. He reported neck pain, thoracic pain and low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar degenerative disc disease and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, hardware removal of the cervical spine, right shoulder surgery, conservative therapies, epidural steroid injection of the lumbar spine, pain medications and work restrictions. Currently, the injured worker complains of neck pain, chronic low back pain and radicular pain in the lumbar 5 distribution. The injured worker reported an industrial injury in 2011, resulting in the above noted chronic pain. He was treated conservatively and surgically without resolution of the pain. He reported requiring pain medications daily to maintain function. Evaluation on November 13, 2014, revealed continued pain. He also reported dysphagia. It was noted the cervical 5 screw backed out and was causing pain and pressure with associated dysphagia. The pain was noted top cause sleep disturbance. Surgical intervention was recommended. Evaluation on December 8, 2014, revealed continued pain in the neck, upper extremities, back and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the lumbar spine without contrast: Upheld

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

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

Decision rationale: The requested Outpatient MRI of the lumbar spine without contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain, chronic low back pain and radicular pain in the lumbar 5 distribution. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Outpatient MRI of the lumbar spine without contrast is not medically necessary.