

Case Number:	CM14-0119944		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2013
Decision Date:	10/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Neurology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who was reportedly injured on 03/03/2013 as a cake decorator. In March 2013, during the course of his employment, he was pushing a medium container and lost his step falling on top of the container. When he fell, the injured worker experienced a pull and a very sharp pain to the low back. The injured worker went to the company doctor and had physical therapy. Magnetic resonance image (MRI) of the lumbosacral spine was performed in Dec 2013, which showed multi-level degenerative disk disease. The injured worker also had injections to the hip area. The injured worker presented to an orthopedist in May 2014 for continuing low back pain. The pain is accompanied with weakness, tingling and burning. The injured worker complains of bowel problems. A repeat of the MRI LS spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine without dye: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-low back chapter indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 336..

Decision rationale: ACOEM update of Chapter 12 states that MRI is moderately recommended for patients with sub acute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. In cases where an epidural glucocorticoid steroid injection is being considered for temporary relief of acute or sub acute radiculopathy, MRI at 3 to 4 weeks (before the epidural steroid injection) may be reasonable (see Epidural Glucocorticosteroid Injections). In this case, medical records noted that the injured worker complained of bowel problems. This is a red flag and is concerning for cauda equina syndrome, which would prompt urgent surgical treatment. Therefore, a repeat MRI LS spine is medically necessary.