

Case Number:	CM14-0121589		
Date Assigned:	08/06/2014	Date of Injury:	05/23/2002
Decision Date:	10/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 05/23/2002. The mechanism of injury was not provided. On 08/06/2014 the injured worker presented with low back pain. Upon examination there was decreased range of motion in the lumbar spine and a positive right sided straight leg raise. There was reduced sensation to light touch over the lateral aspect of the lower legs and to the feet. There was 2/5 motor strength in the left ankle and knee, and 3/5 strength in the toe extension of the left. There was no pedal edema bilaterally. An MRI of the lumbar spine performed on 06/12/2014 revealed a 6 mm disc protrusion at L2-3 causing moderate canal stenosis and moderate to severe foraminal stenosis bilaterally. There was also a 6 mm disc protrusion at L3-4 causing moderate canal stenosis and severe foraminal stenosis on the left. Diagnoses were lumbar disc disease, left foot drop, history of hepatitis C, constipation secondary to opioid medication use, hypertension and hypothyroidism. Prior therapy included medications. The provider recommended an MRI of the lumbar spine. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI, lumbar spine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Page(s): 303-305..

Decision rationale: The request for 1 MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings identifying specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The medical documents failed to show that the injured worker had tried and failed an adequate course of conservative care additionally, the injured worker had a previous MRI of the lumbar spine on 06/12/2014. There is lack of documentation on why a second MRI of the lumbar spine was needed. As such, medical necessity has not been established.