

Case Number:	CM14-0126254		
Date Assigned:	08/13/2014	Date of Injury:	02/24/2012
Decision Date:	10/09/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with date of injury of 02/24/2012. The list of diagnoses per [REDACTED] from 07/14/2014 are: Right shoulder adhesive capsulitis, with possible intra-articular injury and or partial thickness rotator cuff tear; Lumbosacral strain/arthrosis left discopathy with radiculopathy; Internal medicine diagnoses per [REDACTED]; Erectile dysfunction; Sleep disturbance; Migraine headaches; Psychiatric diagnoses per [REDACTED]. According to this report, the patient complains of lumbar spine pain with bilateral lower extremity radiculopathy symptoms. The examination of the lumbar spine reveals tenderness in the midline L3 - L5 region. There is tenderness in the bilateral paraspinal muscles. No other findings were noted on this report. The utilization review denied the request on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Lumbar Spine: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on MRIs (magnetic resonance imaging)

Decision rationale: This patient presents with lumbar spine pain with bilateral lower extremity radiculopathy. The treating physician is requesting an MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG also states that repeat MRIs are not routinely recommended and should be reserve for significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The utilization review references an MRI from 07/2012. However, this MRI report was not made available for review. The 07/14/2014 report notes tenderness in the midline L3 - L5 region and bilateral paraspinal muscles. No significant changes were noted including sensory or neurologic deficits that would suggest significant pathology. Furthermore, the treating physician does not report any new injury or trauma that would warrant an updated MRI. Recommendation is that the request is not medically necessary.