

Case Number:	CM14-0147326		
Date Assigned:	09/15/2014	Date of Injury:	11/27/1982
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehabilitation 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on November 27, 1982. The mechanism of injury was noted as a fall, when he stepped on a bolt, twisting his right knee while working as a parking attendant. The most recent progress note, dated August 14, 2014, indicated that there were ongoing complaints of right knee pain, as well as low back pain as a result from "walking with an antalgic gait for so many years." The physical examination was limited but demonstrated tenderness to palpation of the lower back, as well as positive findings for sciatica. Diagnostic imaging studies are not provided for review. Previous treatment included multiple medications. A request had been made for an MRI of the lumbar spine and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: 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.

Decision rationale: ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending

towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records makes no mention of the consideration of surgical intervention. And although the patient reports low back pain with radiation down his legs and feet, more so on the right, and even though objective findings consisted of a positive right straight leg raise test, the clinician fails to provide evidence documenting objective findings that correlate with neurological compromise and/or sufficient evidence to warrant imaging. Furthermore, there is no documented evidence of at least one month of conservative therapy or worsening neurological deficit. There does not appear to be exceptional factors that would warrant mediation from the guidelines. As such, the request is not considered medically necessary.