

Case Number:	CM14-0149718		
Date Assigned:	09/18/2014	Date of Injury:	11/29/2013
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 44-year-old male who sustained a work related injury on November 29, 2012 as result of repetitive work related activities that caused injury to his thoracic and lumbar spine and his left leg. He currently reports experiencing constant, sharp, throbbing, burning lower back pain that is exacerbated by sitting, walking standing, lying on either side or upon his stomach, bending forward, stooping, climbing or descending stairs, twisting, turning and forcefully pushing or pulling. Many of these same activities aggravate both his thoracic spinal pain and his left leg pain. His pain is 5, 7 and 8/10 for his lumbar, thoracic and left lower leg, respectively. Upon exam, he demonstrates reduced spinal range of motion in both the thoracic and lumbar region. He has lumbar spine tenderness to palpation along the paravertebral muscles at the left L5 to S1 level. No neurological deficits noted upon exam. A plain radiograph performed on 5/21/14 identifies a grade 1 degenerative anterolisthesis of L5 on S1. There is a mild dextrocovex scoliosis involving the entire lumbar spine. Identified is preservation of the intervertebral spacing. In dispute is a decision for MRI of the lumbar spine without contrast, as an outpatient.

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 without contrast, a an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf

Decision rationale: From the American College of Radiology (ACR) appropriateness criteria: "MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a CT scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord". There is no evidence of radiculopathy or neurological deficits of the lower extremities warranting visualization of the cord, spinal nerve roots or neural foramina. The request for a lumbar MRI is not warranted at this time and is not medically necessary.