

Case Number:	CM14-0150674		
Date Assigned:	09/18/2014	Date of Injury:	09/01/2008
Decision Date:	11/25/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Spine Surgeon 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 54-year-old male who reported an injury on 09/01/2008. The mechanism of injury was not provided. On 03/06/2014, the injured worker presented with complaints of back pain, back stiffness, radicular pain in the right leg, and sharp pain. His diagnoses were chronic discogenic lumbosacral spinal pain associated with disc annular disruption syndrome and comorbid facet mediated compromise, lower extremity neuropathic radiculopathy, and chronic pain syndrome. Prior therapies included medications. An MRI performed on 11/13/2009 noted multiple disc spaces with degenerative loss of signal. There were multiple node endplate changes and L4-5 slight to moderate reduced foramina. Upon examination, there was positive joint and musculoskeletal symptoms noted back pain and difficulty getting out of a chair and with exercise. The provider recommended an MRI of the lumbar spine; the provider's rationale was not provided. The Request for Authorization form 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:

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation failed to show evidence of significant neurological deficits on physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical examination, an MRI is not supported by the referenced guidelines. As such, the medical necessity has not been established.