

Case Number:	CM14-0160107		
Date Assigned:	10/03/2014	Date of Injury:	08/24/2005
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Illinois. 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 with a date of injury of 08/24/2005. The mechanism of injury was lifting. He was diagnosed with chronic low back pain. Past treatments included physical therapy, left shoulder surgery, and left knee surgery. His diagnostic studies included a previous lumbar MRI on an unspecified date which was noted to reveal spinal stenosis and degenerative changes. At his follow-up visit on 08/28/2014, it was noted that the injured worker had "a lot of back pain and spasm," as well as pain down both legs intermittently and numbness in the toes of both feet constantly. His physical examination revealed decreased sensation to the forefoot, decreased deep tendon reflexes in both ankles and knees, and no bowel or bladder symptoms. His medications were noted to include Axid, morphine, oxycodone, and Lidoderm 5% patches. The treatment plan was to obtain an MRI of lumbar spine and, depending on the results; he may need to see neurosurgery for surgical evaluation. The Request for Authorization was not included in the medical record.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI of the lumbar spine without contrast is not medically necessary. The injured worker had a lifting injury on 08/24/2005 and he was diagnosed with chronic low back pain. He has had a previous MRI which was noted to reveal spinal stenosis and degenerative changes. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was noted to have low back pain, radiating symptoms to the bilateral lower extremities, and neurological deficits on physical exam. However, the submitted documentation did not adequately describe that a significant change has occurred since his previous MRI or that he has progressive neurological deficits to warrant a repeat MRI. Furthermore, his previous MRI report was not provided to correlate findings with his current clinical presentation to establish the need for additional diagnostic assessment. In the absence of findings suggestive a significant change, documentation showing progressive neurological deficits or red flags, and the previous MRI report, the request is not supported. Subsequently, the request is not medically necessary.