

Case Number:	CM14-0044165		
Date Assigned:	07/02/2014	Date of Injury:	09/28/2007
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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:

This is a 55-year-old male with a 9/28/2007 date of injury. The mechanism of the injury was not described. The patient was seen on 5/22/14 with complaints of low back pain radiating down to the right leg. He stated, that the symptoms persist despite of PT and injections. The diagnosis is lumbar disc radiculopathy. The patient was seen on 6/26/2014 with complaints of low back pain radiating down to the right leg. The patient stated, that his symptoms are increasing and denied problems with urination and symptoms in the lower extremity. Exam findings revealed positive SLR on the right, decreased range of motion to the lumbar spine and antalgic gait on the right. 04/30/2014 MRI of the lumbar spine: degenerative changes of the lumbar spine most severe at L4-L5 causing mild to moderate spinal stenosis and neural foramina narrowing as described. Treatment to date: PT and injections. An adverse determination was received on 3/10/2014 that given that the patient had previously an MRI and the lack of documentation of any progression of patient's neurological symptoms and planned invasive procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter MRI).

Decision rationale: The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient had lumbar spine MRI in April 2014. He was last seen on 6/26/2014, however there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Therefore, the request for MRI of the lumbar spine was not medically necessary.