

Case Number:	CM14-0085015		
Date Assigned:	07/21/2014	Date of Injury:	09/01/1968
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 injured worker is 72 year old male who reported an injury on 09/01/1968; the mechanism of injury was not indicated. The injured worker had diagnoses including degeneration of the lumbar or lumbosacral, spinal stenosis, lumbar region, without neurogenic claudication left, closed dislocation of acromioclavicular(joint) and degenerative joint disease of shoulder, acromioclavicular, scapula and clavicle region. Prior treatment included a total of 25 visits of physical therapy since 02/21/2014. Diagnostic studies included an X-ray of the left shoulder dated 02/20/2014 and two view x-ray on the lumbosacral spine on 02/21/2014, which revealed severe lumbar degenerative disc disease on the left at L3-L4, and partial scralization of L5 was present as well, mild degenerative arthritis was noted in both hips more on the right. On the lateral projection with reversal of the lumbar lordosis at T12-L1 with marked narrowing and irregularity at the L1-L2 disc space. There were large anterior discal spurs present in the lower thoracic region and at L1-2 and lesser at L2-3 as well as grade 1 spondylolisthesis present at L4 on L5. The injured worker underwent a left knee replacement 18 years ago. The clinical note dated 04/24/2014 noted the injured worker had lumbar spine spasms and straight leg raising was negative for buttock or leg pain. Cross positive straight leg test was negative. No hairy patches or signs of spinal dysraphism were present. Range of motion demonstrated 20 degrees of abduction, and 10 degrees of forward flexion. Medications included Tolmetin 400mg capsule by mouth, and Percocet 5mg, tablets oral. The treatment plan included a request for an MRI of the lumbar spine. The rationale for the request was to lessen his pain and improve his fuction particularly ranges of motion of both the shoulders and the lower back.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, low back, MRI's (magnetic resonance imaging).

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

Decision rationale: The Official Disability Guidelines state that the recommended for indications below. MRI's are the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI's are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (Ex: tumor, infection, fracture, neurocompression, recurrent disc herniation). However, the records indicated the straight leg raised and cross leg raise was negatives bilaterally. There is a lack of documentation indicating the injured worker has significant objective findings indicative of neurologic deficit. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for MRI of the Lumbar Spine is not supported. Therefore MRI of the Lumbar Spine is not medically necessary.