

Case Number:	CM14-0097362		
Date Assigned:	07/28/2014	Date of Injury:	10/01/2010
Decision Date:	10/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 65 year old male who sustained an injury to his low back on 11/01/10 while pulling a rack out of a hole. Treatment to date has included nerve blocks, radiofrequency ablation, physical therapy, and medications. Records indicate that the injured worker has undergone MRI scans in 2011 and 2012 that revealed stable, unchanged degenerative changes of the facet joints from L2 through L5 with degenerative disc changes consistent with age; no specific or frank disc herniations or foraminal stenosis is described. The progress note dated 06/30/14 reported that the injured worker is status post left radiofrequency ablation at L2 through L5 with great results and almost complete resolution of low back pain. His primary issue, after the axial low back pain has been successfully treated, is the bilateral leg pain that is unresolved with any of our treatment attempts. Physical examination noted no scoliosis; palpation of the lumbar facets revealed no pain; no pain noted over lumbar intervertebral spaces/discs on palpation; bilateral sacroiliac joint area reveals no pain to palpation; palpation of the greater trochanteric bursa bilaterally reveals no tenderness; range of motion left lateral flexion of the lumbar spine 15 degrees with pain, left lateral flexion causes pain, right lateral flexion at the lumbar spine is 15 degrees, pain noted with right lateral flexion; motor strength 5/5 throughout the bilateral lower extremities; straight leg raise normal bilaterally; normal sensation.

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.

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 chapter, MRIs (magnetic resonance imaging)

Decision rationale: The request for an MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary. The previous request was denied on the basis that recent examination did not describe any objective clinical status changes consistent with a clinical suspicion of deterioration or progressive radiculopathy, as well as spinal stenosis. The reason for a repeat MRI is not clear. Therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no recent physical examination of the lumbar spine that would note any decreased muscle strength, increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. The previous studies were not provided for review. There were no additional significant red flags identified that would warrant a repeat study. Given this, the request for an MRI (magnetic resonance imaging) of the lumbar spine is not indicated as medically necessary.