

Case Number:	CM14-0098116		
Date Assigned:	07/28/2014	Date of Injury:	03/21/2014
Decision Date:	10/01/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 67 year old male who sustained an injury to his low back on 03/21/14 while unloading a truck. Magnetic resonance image of the lumbar spine without contrast dated 05/28/14 revealed L2-3, mild disc height loss with a 2mm disc osteophyte complex renders mild to moderate spinal canal stenosis; neuroforamen are patent; L2-3, disc height is maintained with a 3mm disc osteophyte complex renders moderate spinal canal stenosis; neuroforamina are patent on the left and mild to moderately stenotic on the right; mild to moderate facet arthropathy; L4-5, disc height maintained with a 2mm disc osteophyte complex creates mild spinal canal stenosis; neuroforamina are patent on the right, but mild to moderate stenotic on the left. Mild to moderate facet arthropathy. An initial comprehensive chiropractic report dated 05/07/14 reported that the injured worker continued to complain of low back pain that was constant, aching, and radiating to the bilateral lower extremities at 9/10 visual analog scale. Physical examination noted antalgic gait; spasm and pain to palpation over the lumbar paraspinal muscles; specific pain over the left L4, L5, and S1 segments; thoracolumbar range of motion forward flexion 25 degrees, extension and left lateral bending 0 degrees, right lateral bending 12 degrees; straight leg raise positive at 15 degrees with not allowing test to progress beyond approximately 25 degrees due to excruciating left lower extremity pain. The injured worker declined right straight leg raise; the injured worker was unable to perform Yeoman's, or the remainder of the orthopedic examination due to significant pain; deep tendon reflexes at S1 were absent bilaterally; L4 reflexes rated +1 bilaterally; sensation was diminished over the left L5-S1 dermatomes; strength 5/5 with extension and extensor hallucis longus, foot eversion 4/5 right and 3+/5 left.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar spine-MRI

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

Decision rationale: The request for a magnetic resonance image of the lumbar spine is not medically necessary. The previous request was denied on the basis that while the injured worker did reflect some neurological deficits, it is unknown if any conservative care or medications (such as a dose pack) have been rendered or attempted. Likewise, no "red flags" appear present nor are problems noted as progressive. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Given this, the request for a magnetic resonance image of the lumbar spine is not indicated as medically necessary.