

Case Number:	CM14-0098537		
Date Assigned:	07/28/2014	Date of Injury:	09/17/2007
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
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 Family Medicine and is licensed to practice in California, Tennessee, and Florida. 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 64 year old male who was injured on 09/17/07 when his right knee buckled as he was standing from the kneeling position after cleaning equipment. The injured worker fell onto his left hip. The injured worker's complaints pertinent to this request include constant pain and stiffness about the lumbar spine which radiates down the right lower extremity. The injured worker is diagnosed with lumbar sprain and neuralgia, neuritis and radiculitis, unspecified. The records do not describe previous treatment directed toward the injured worker's lumbar complaints. Physical examination of the lumbar spine dated 04/23/14 reveals tenderness to palpation of the para-axial musculature with spasticity. There is referred pain to the right buttock and lower extremity. Range of motion is limited to 43 flexion, 14 extension, 18 right lateral bending and 15 left lateral bending. Straight leg raise is positive on the right at 50. Lasegue's testing is negative bilaterally. No previous imaging of the lumbar spine is referenced or included for review. A request for a magnetic resonance image (MRI) of the lumbar spine is submitted and subsequently denied by Utilization Review dated 06/11/14 citing no objective findings of neurologic deficit on physical examination or any indication of red flag signs or symptoms. This is an appeal request for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: Submitted records include one physical examination of the lumbar spine which did not include unequivocal evidence of specific nerve compromise. The injured worker is noted to complain of pain which radiates to the right lower extremity; however, there is no evidence of diminished sensation, reflexes or muscle strength about the lower extremities. Moreover, this injured worker's injury is over seven years old. The records submitted for review did not include a summary of the injured worker's medical history since the date of injury. As such, it cannot be determined whether this injured worker has had previous imaging studies of the lumbar spine. Based on the clinical information submitted for review, medical necessity of a magnetic resonance image of the lumbar spine is not established.