

Case Number:	CM14-0008246		
Date Assigned:	05/02/2014	Date of Injury:	10/31/1994
Decision Date:	05/07/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 an 83-year-old male who reported injury on 10/31/1994. The mechanism of injury was not provided. Prior therapies included physical therapy. The injured worker underwent an MRI of the lumbar spine on 01/08/2007, which revealed foraminal stenosis based on interforaminal discogenic disease and facet arthropathy, most notably on the right at L3-4 and on the left at L4-5. There were no significant interval changes compared to the prior study of 05/06/2004. The note that was presented for review was dated 07/19/2012, which revealed the injured worker had no focal weakness in either foot or ankle. The injured worker had no significant loss of balance or problems with bowel or bladder control, loss of dexterity, weakness of grip, etc. The injured worker had a primary problem of ongoing cervical and lumbar pain increased with activity and decreased with rest. The injured worker's medications included Motrin. The physical examination revealed the deep tendon reflexes were 2/5 at the knee and ankle bilaterally and were symmetrical. The injured worker's strength in the lower extremities was 5/5. The injured worker could stand on his toes and heels independently without difficulty. The diagnosis included chronic benign pain syndrome due to degenerative disc disease, cervical and lumbar spine. The recommendation was that the injured worker needed to utilize over the counter anti-inflammatories on an intermittent basis and try to return to physical therapy. There was noted to be no indication or anticipated need for surgery in either the cervical or lumbar spine. There was no recent documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, LOW BACK DISORDERS.

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 Official Disability Guidelines indicate that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology including tumor, infection, fracture, neural compression, or recurrent disc herniation. The clinical documentation submitted for review failed to provide documentation that the injured worker had a significant change in symptoms or findings of a significant pathology. There was no physician rationale or request for an MRI per the supplied documentation. Given the above, the request for MRI of the lumbar spine without contrast as an outpatient is not medically necessary.