

Case Number:	CM14-0149381		
Date Assigned:	09/18/2014	Date of Injury:	12/28/2013
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 52 year old male with complaints of low back pain and lower extremity pain. The date of injury is 12/28/13 and the mechanism of injury is fall injury (slipped and fell off of a 4 foot retaining wall hitting his back on the wall on the way down to the ground) leading to his current symptoms. At the time of request for Lumbar MRI high field 1.5 tesla or greater, there is subjective (low back pain, bilateral lower extremity pain) and objective (antalgic gait, pain to both legs upon 50 degrees hip flexion, diffuse tenderness lumbar spine and paravertebral musculature, bilateral sciatic notch tenderness, positive tension signs with hip flexion with radiation down posterior thigh and proximal calf) findings, imaging findings (1/20/14 MRI lumbar spine shows significant degenerative disease with disc protrusions at L4/5,L5/S1), diagnoses (moderate to severe lumbar disc disease) and treatment to date (lumbar epidural steroids, medications, chiropractic manipulation, acupuncture, physical therapy). MRI is considered the gold standard in diagnostic imaging in defining anatomy especially for the lumbar spine and disc pathology. MRI is recommended for subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom symptoms are not trending toward improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI- High Field 1.5 Tesla or Greater: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES 2014- LOW BACK OFFICIAL

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Per ACOEM guidelines, MRI is considered the gold standard in diagnostic imaging in defining anatomy especially for the lumbar spine and disc pathology. MRI is recommended for subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom symptoms are not trending toward improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. However, in this particular case, it has not been made evident or clear in the notes that this patient has any changes in his pain levels or neurological exam since his last MRI which was completed January of this year. Therefore, the request for MRI lumbar sign high field TESLA 1.5 or greater is not medically necessary.