

Case Number:	CM13-0008804		
Date Assigned:	03/19/2014	Date of Injury:	05/28/2013
Decision Date:	05/20/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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:

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; a cane; and extensive periods of time off of work. In a Utilization Review Report of July 12, 2013, the claims administrator denied a request for lumbar MRI imaging, noting that the applicant had a benign neurologic exam and that indiscriminate x-ray imaging would only uncover disk bulges which were not the true source of the applicant's symptoms. The applicant subsequently appealed. A progress note of July 5, 2013 was notable for comments that the applicant reported persistent low back pain radiating to the foot and toes, 10/10. Tylenol No. 3 only diminished the applicant's pain somewhat. The applicant was using a cane and exhibited weak dorsiflexion of the foot and an antalgic gait. The applicant was described as having a classic radiculitis. MRI imaging was endorsed, along with a Medrol Dosepak. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 296, 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-7, MRI imaging is scored at 4/4 in its ability to identify and define suspected disk protrusions, as appear to be present here. In this case, the applicant did have low back pain radiating into legs, weakness about the foot appreciated on exam, and an antalgic gait requiring usage of a cane. All of the above, taken together, suggested the presence of an active lumbosacral nerve root compression with radiculopathy for which MRI imaging was indicated on and around the four- to six-week mark of the date of injury, as suggested in the MTUS-adopted Guidelines in Chapter 12, Table 12-4, page 296. Accordingly, the original utilization review decision is overturned. The request is medically necessary, on Independent Medical Review